DOCUMENT RESUME

ED 421 631 CE 076 871

AUTHOR	Adatia-Sandstrom, Shirin
TITLE	Internationalisation in Swedish Undergraduate Nursing Education: Its Interpretation and Implementation in the Context of Nursing with Tender Loving Care. Research Bulletin 96.
INSTITUTION	Helsinki Univ. (Finland). Dept. of Education.
ISBN	ISBN-951-45-8119-9
ISSN	ISSN-0359-5749
PUB DATE	1998-00-00
NOTE	222p.
AVAILABLE FROM	Department of Education, P.O. Box 39, University of Helsinki, Helsinki 00014, Finland.
PUB TYPE	Reports - Research (143)
EDRS PRICE	MF01/PC09 Plus Postage.
DESCRIPTORS	Action Research; Check Lists; *Curriculum Development; Education Work Relationship; Educational Practices; *Educational Strategies; Foreign Countries; Global Approach; Higher Education; *Intercultural Communication; *Multicultural Education; *Nursing; *Nursing Education; Outcomes of Education; Qualitative Research; Teaching Methods; Undergraduate Study
IDENTIFIERS	Internationalism; *Sweden

ABSTRACT

Six qualitative studies were conducted to gain support and guidance in incorporating internationalization into the curriculum for Swedish undergraduate nursing education in accordance with official guidelines. In studies 1 and 2, practitioners and experts were interviewed, and in studies 3 and 4, nursing education programs were observed from the participant and student perspectives. A didactic strategy for internationalizing the undergraduate nursing education curriculum was developed after an analysis of the findings of the four studies. In the action research constituting study 5, the didactic strategy's applicability within the existing framework for Swedish undergraduate nursing education was assessed. Study 6 was a complementary study to confirm the results of the first five studies. The combined analysis of the six studies established that interpreting and implementing internationalization for undergraduate nursing education is a complex process entailing intercultural communication and making student nurses aware of their private and professional roles in resolving health-related global issues. (Appended are letters pertaining to studies 1 and 2 and the following items pertaining to study 5: World Health Organization definition of health underpinning the action research; checklist to measure student attitudes; and notes regarding planning and organizing various action research activities. The bibliography contains 563 references.) (MN)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 421 631

DEPARTMENT OF EDUCATION
UNIVERSITY OF HELSINKI

RESEARCH BULLETIN 96

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY
E Niskanen
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
1

Shirin Adatia-Sandström

INTERNATIONALISATION IN SWEDISH UNDERGRADUATE NURSING EDUCATION: IT'S INTERPRETATION AND IMPLEMENTATION IN THE CONTEXT OF NURSING WITH TENDER LOVING CARE

CE076871

RESEARCH BULLETIN 96

Shirin Adatia-Sandström

INTERNATIONALISATION IN SWEDISH UNDERGRADUATE NURSING EDUCATION: IT'S INTERPRETATION AND IMPLEMENTATION IN THE CONTEXT OF NURSING WITH TENDER LOVING CARE

Academic dissertation to be publicly discussed, by due permission of the Faculty of Education at the University of Helsinki in the Festivity Hall at the Department of Education, on May 28 at 12 o'clock

Helsinki 1998

Department of Education
P.O. Box 39 (Bulevardi 18)
00014 UNIVERSITY OF HELSINKI, FINLAND

ISBN 951-45-8119-9
ISSN 0359-5749
Hakapaino Oy
Helsinki 1998

ABSTRACT

Internationalisation in Swedish undergraduate nursing education: It's interpretation and implementation in the context of nursing with tender loving care.

This research was conducted to gain support and guidance in incorporating internationalisation into the curriculum for Swedish undergraduate nursing education in accordance with official guidelines. The difficulties concern its interpretation and implementation in the syllabus. The fundamental questions which arise in such an endeavour are *why, what, when, where*, and *how*. Using a multi-method research approach, data was collected and analysed by a combination of techniques borrowed from a range of qualitative methods in six different studies which illuminate the complexity of both the research subject (internationalisation), and the object (undergraduate nursing education). Study one: interviews with the practitioners; Study two: interviews with the experts; Study three: participant observations as a practitioner; Study four: participant observations as a student; Study five: action research; Study six: a survey amongst students and teachers through a questionnaire. The combined analysis of the results of the total data revealed that the interpretation and the implementation of internationalisation for undergraduate nursing education is complex. First, it also includes intercultural communication. Second, it means making the student nurses aware of their role in private and professional life for active participation to bring about changes in society - locally, nationally and internationally - to resolve health related global issues through joint efforts for co-operation and collaboration across cultural and national boundaries. This is essential to promote peace and harmony, to prevent wars and conflicts, and ultimately to ensure the survival of the human race and the planet Earth which, is the aim of internationalisation. Third, it involves teaching about culture in the context of holistic and humanistic nursing with tender loving care (TLC) in a caring curriculum for the promotion of high self-esteem (UNIL) in each student. Eventually from the combined analysis a specific "8-I" didactic strategy emerged. It has the potential to provide support and guidance for a syllabus, which incorporates internationalisation into the curriculum.

Key words: Higher education, nursing education, didactic strategy, internationalisation, intercultural communication, caring curriculum, tender loving care, multi-method research, culture, Sweden.

To my beloved parents
Late Alijah & Mrs. Kasam Haji Noormohamed Adatia
And my parents in law
Late Mr.Ture Bernhard and Mrs. Karin Sandström,
My brothers and sisters,
My husband Thor, and his son Torbjörn
Our daughter Karin Rehmat Thorsdotter
My god children Peter and Jane
And to all the nursing students in the whole world who embark upon this demanding,
rewarding, and noble profession of nursing for the love of serving humanity,
I humbly dedicate this dissertation.

To be able to love all men requires:
the subtlety of the very wise,
the flexibility of the child,
the sensitivity of the artist,
the understanding of the philosopher,
the acceptance of the saint,
the tolerance of the dedicated,
the knowledge of the scholar, and,
the fortitude of the certain.
All these qualities will grow in him who chooses love...
(Buscagalia, 1985:198)

You have not inherited the Earth from your parents but borrowed it from your children.
(Kenyan proverb)

Foreword

The formation, the conduct and the final presentation of my dissertation is a concrete example of the visionary philosophy of internationalisation in education to encourage and enhance mobility for every individual in every society of the world under peaceful conditions; namely the freedom to choose one's home, to obtain education, to travel and to work without the restrictions of cultural or national boundaries. The individual then has an opportunity to meet different people, make contacts and establish trusting interpersonal relationships through intercultural communication for co-operation and collaboration transcending cultural and national boundaries. All this from personal choice and without coercion of any kind from anybody. I was born and brought up in Uganda, within an Ismaili-Indian culture. Never in my wildest dreams had I imagined that one day I would become a professional nurse, midwife, and a nurse educator; travel extensively; live and work in different countries; meet my husband in Austria; marry him, live, work and raise a family in Sweden; conduct doctoral research on nursing education in Sweden and eventually present the dissertation in Finland! My research has followed a long and winding path over a period of over ten years. To accomplish this task would have been impossible without the support, guidance, and encouragement of many individuals in different capacities. The completion of this dissertation is the result of joint efforts at many different levels. To each and every one of them I owe my warmest thanks.

Above all I especially want to thank my supervisor, mentor, and a dear friend, Associate Professor Margareth Drakenberg, at the Department of Education of the University of Helsinki. Without her invaluable assistance in the difficult and arduous stages of the work, my dissertation would not have been completed so swiftly and smoothly as it was in the end. Thank you for caring, supportive, and constructive supervision imparted to me with compassion and commitment. Professor Anna Liisa Leino painstakingly read the manuscripts and gave invaluable support and encouragement by making it possible to present the dissertation at the Department of Education of the University of Helsinki. My deep felt thanks and appreciation are due also to Professors Katie Eriksson and Birgit Negussie who meticulously revised the manuscript and made valuable suggestions for the final version of the thesis. In this connection I am indebted to Charlotte Merton for language revision; to Gull-Britt Lindahl and Ingrid Åström who gave valuable critiques for the construction of the questionnaire in Study 6; to Anders Sjöö, Håkan Mejstad and Lars Rundgren who helped me with the intricacies of using a computer; to Sara Nilsson for assistance with some of the figures; and to Göran Lindqvist for his unfailing assistance and personal interest in my search for literature on my subject. How can I thank Per Lundberg enough for introducing me to intercultural communication and supporting me in all my endeavours?

I would also like to thank Margareta Christiansson and Björn Carlqvist, together with all my colleagues and students now at various departments of the Faculty of Medicine, Lund University, for encouragement, support and participation in my different studies, and to my friends and relatives spread out through out the world. To all of these who cannot be named here THANK YOU from the bottom of my heart.

Lastly my dear late father in law Ture, my dear husband Thor and our darling, delightful daughter Karin. What can I say? Thank you for loving me, caring for me, encouraging me, and being there for me always.

CONTENTS

Chapter 1 INTRODUCTION AND ORGANISATION: 1
Internationalisation as a research subject 1
Internationalisation in Swedish undergraduate nursing education 5
Specific aspects of the dissertation 6
The methodological approach 8
The presentation of the research 8
The organisation of the dissertation 9
A Utopia, an ideology, a dream or a vision 11

Chapter 2 THE RESEARCH FRAMEWORK 13
The research questions and the aim 13
The research perspectives 15
The research area 20
The research design 21

Chapter 3 THE MAJOR CONCEPTS AND THEIR RELATIONSHIPS 23
The intricacies of the major concepts 25
The major concepts:
Undergraduate nursing education 27
Nursing 28
Internationalisation 30
Health 35
A shared key component: Total quality management 37
Conclusions 38

Chapter 4 THEORETICAL ANCHORAGE 40
The educational theories 41
The educational considerations 43

Chapter 5 THE METHODOLOGICAL APPROACH 48
Qualitative multi-method research approach 48
Action research 51
Grounded theory 51
Ethnography 52
Historical research in education 52
Phenomenography 53
Phenomenology 53
A survey by questionnaire 53
The ethical considerations 53
The application of the ideas derived from the methods used 54
Reflections upon the methodological approach: its limitations and strengths 57

Chapter 6 THE BACKGROUND TO INTERNATIONALISATION IN SWEDISH UNDERGRADUATE NURSING EDUCATION 61
The origin and evolution of internationalisation as a concept in higher education 62
The Internationalisation Committee 68
The origin and evolution of nursing and nursing education 70
The origin and evolution of the Swedish health care system 71
Comparison of the current ideologies for compatibility 74
Summary of the historical background 77

Chapter 7 RESULTS OF THE EMPIRICAL STUDIES 79
7:1 Study 1: Interviews with the practitioners 82
7:2 Study 2: Interviews with the experts 94
7:3 Study 3: A practitioner's perspective 99
7:4 Study 4: A student´s perspective 111
7:5 Study 5: The teachers´s perspective 120
7:6 Study 6: Surveys with questionnaires 136

Chapter 8 RESULTS OF THE COMBINED ANALYSIS 144
The interpretation of internationalisation 145
The implementation of internationalisation 146
The learning outcomes 150
8:1 Curriculum development opportunities 151
8:2 The "8-I" didactic strategy for incorporating internationalisation 159
At macro level 159
At micro level 165

Chapter 9 CONCLUSIONS AND DISCUSSION 169

Chapter 10 SUMMARY 180

APPENDIX 1-5:9 183

BIBLIOGRAPHY 193

Chapter 1

INTRODUCTION AND ORGANISATION

Words and their meanings are important. If you do not know the meaning of what you say, you can't say what you mean. (From the film: The Last Emperor).

In 1972, Olof Palme, who was the Prime minister of Sweden, declared 'We must internationalise our education', (Opper, 1979). In 1974, the Higher Education Reform Bill, (DSU, 1974:6), proposed to the Swedish parliament radical changes in the Swedish higher educational system. The changes involved a thorough reorganisation, which affected administration, admissions and the overall planning and organisation of the different educational programmes and their curricula. At the same time the Care 77 report, (SOU, 1978:50), presented proposals to upgrade certain care programmes to medium length higher education programmes, which resulted in radical changes in the curriculum for the Swedish undergraduate nursing education. The Swedish parliament accepted these proposals by enacting a new Higher Education Act, (SFS, 1977:218). Thus the revised curriculum for the undergraduate nursing education, (SÖ/UHÄ, 1981), which came into being on 1 July 1982, had to take into consideration the 1977 Higher Education Act, (SFS, 1977:218), of which Section 2 was based upon the IU (Internationaliserings Utredning) report, (UKÄ, 1974:21), put forward by the committee for investigating internationalisation in higher education. Section 2 emphasised the need within all educational programmes to encompass a global perspective in order to foster 'international understanding'. During the 1990s many changes have taken place in Swedish society. This has led to revisions of the Higher Education Act and the curriculum for the undergraduate nursing education in 1993, (SFS 1992:1434), and the Health Care Act in 1997. Although in my research reference is made to the official orders of the 1970s and the 1980s, the implications for internationalisation in the light of the revised orders remain unchanged. The changes occurring in societies have increased the emphasis on the role of higher education, and therefore also of nursing education, for 'international understanding', (Högskoleverket Studies, 1997:8S; SFS 1992:1434).

Internationalisation as a research subject

In teaching and learning situations within the undergraduate nursing educational programme, it is of paramount importance that the teachers and the students clearly understand the meanings attached to specific words and expressions in the curriculum. In the long run these have a bearing on the principles and practice of nursing care and caring. As such, my research presented here has been undertaken to understand and describe the meaning of internationalisation for nursing education in higher education. Thus it has involved the pedagogical issues that arise when efforts are made to incorporate internationalisation in the Swedish undergraduate nursing educational curriculum envisaged by the governing official orders. The official documents which are referred to within the present research are the 1982 undergraduate nursing educational curriculum, (SÖ/UHÄ, 1981), and the 1977 Higher Education Act, (SFS, 1977:218). Since 1993, revised versions of both these documents have been in effect. However, the issue of internationalisation remains unchanged in both. An awareness is steadily growing for its importance, (Högskoleverket Studies, 1997:8S; Leininger, 1997)).

Undergraduate nursing education prepares student nurses for their role as professional nurses and as experts in general basic nursing care, and is fundamental for the discipline of nursing. Nursing (omvårdnad) is the principle subject in nursing education. The curriculum therefore has a specific focus on 'nursing' - its theory and practice. Hence all activities within the undergraduate nursing educational curriculum are intended to enhance and ensure knowledge and professional skills of providing nursing care.

Two doctoral dissertations concerning internationalisation in Swedish higher education have been presented: Burns (1979a), who compared internationalisation in higher education in Australia and Sweden; and Opper, (1979), who compared internationalisation in higher education in North America and Sweden. They found that 'internationalisation' was difficult to conceptualise, define and delineate, and was therefore rather 'cumbersome' as a research subject. Opper, (1979:22), wrote that *for many reasons, internationalisation is a particularly troublesome objective to conceptualise and subsequently to investigate*, which perhaps explains the lack of doctoral dissertations on the subject. Nevertheless, these difficulties, coupled with my own international background, have provided the challenge and encouragement to embark upon this rather cumbersome research. This is partly because 'internationalisation' is being emphasised increasingly in Swedish society and the Swedish higher education system, and partly because neither of the two dissertations touched upon the issues specifically related to the undergraduate nursing education.

Burns (1980:8-9), identified five different views on how internationalisation in higher education could make a contribution to meet the needs of society. The first concerns limits on expansion. The second and third together concern a new world order in economics and a basic needs strategy, i.e. who should have control and how should resources be distributed. The fourth is Dag Hammarsköld's views on meeting need through development strategies intended to create harmony and balance between rich and poor, between the haves and the have nots. The fifth is a combination of all four ideas leading to the awareness, through education at all levels of each and every citizen, of his/her role in actively participating in bringing about changes in society which can contribute to resolution of global issues, which in turn concern every individual on earth. In my research, the fifth view on education in internationalisation in higher education is taken. It means making each and every undergraduate nursing student aware of his/her role in private and professional life as an active participant who can bring about changes within society locally, nationally, and internationally, to resolve the global issues that are of concern for them as responsible human beings. Leininger (1997) also emphasises the importance of this view in nursing education.

The philosophical stand taken in this research is that nursing is 'humanistic and holistic', (Eriksson, 1987; Leininger, 1984; Paterson & Zderad, 1988; Watson, 1979). This belief is based upon the philosophical assumption of the positive and well-meaning nature of a person-environment relationship. It assumes that each human being is a living, integrated and organised entity. He or she is not reducible to discrete parts. Although parts are acknowledged, they have meaning only within the context of the whole, (Rogers, 1970). Further, human beings are inherently and spontaneously active and social. They interact with the environment, rather than reject it, in order to exist in harmony with nature and their culture, (Eriksson, 1977, 1987, 1993).

My research into incorporating internationalisation in Swedish undergraduate nursing education as a distinct activity encompasses four major concepts - undergraduate nursing education, nursing, internationalisation, and intercultural communication - which are inseparable and closely related to one another. Embedded within each of these concepts is the concern for the health of an individual as described below.

Undergraduate nursing education is the education of professional nurses where health of an individual is of prime concern.

The major goal of the discipline of ***nursing*** is to provide a service to society which enhances and ensures holistic health - physical, mental and emotional health - which is dependent upon social conditions of the individuals locally, nationally and internationally, (Eriksson, 1988a, 1989; Leininger, 1997; Orem, 1979). Every nursing intervention is viewed through a 'health' perspective and is directed towards promoting, maintaining, and restoring the health of an individual, (Eriksson, 1988a&b; Leininger, 1997; Nightingale, 1969). Nursing involves transcultural knowledge (TCN), (Leininger, 1997), to provide care, caring and love which promote and enhance the health of an individual, (Eriksson, 1993). 'Nursing action plans and praxis modes without the necessary TCN can be useless and lead to unfavourable health outcomes', (Leininger, 1997:21). Thus concern for the health of an individual becomes central within the concept of nursing.

Awareness of the global issues in ***internationalisation*** is essential to the survival of the human race, (Burns, 1976, 1979a&b), which is dependent upon the health of individuals. The sick cannot survive in an unfavourable bio-physical/ecological environment, (Darwin, 1972). The quality of health of an individual is dependent on ecological and environmental settings.

Successful ***intercultural communication*** reduces stress, (Gudykunst & Kim, 1992), and enhances well being and health (Brislin, 1993; Hall, and Hall & Hall, 1981-1990; Lam, 1983; Leininger, 1977-1997; Eriksson, 1993; Pedersen et al., 1976).

Leininger, (1997:21), argues that *intercultural and intracultural violence will continue to erupt particularly when cultural groups feel exploited or demeaned. Nurses with TCN will be in demand to assist and help protect cultural groups, families and individuals experiencing unfavourable consequences.*

For my research, on the basis of these arguments, health becomes both the nucleus and the thread, which connects the four major concepts together. There is considerable current research, which points out that 'health' is difficult to define. It can be measured objectively in biomedical terms, as well as subjectively in the terms of each individual's experience. As such it bears relation not only to individuals' physical, mental, emotional and intellectual status and their social circumstances, but also to their culturally based values and attitudes to life and well being, (Dahlgren, 1991; Eriksson, 1993; Johannisson, 1990; Nordenfelt, 1993; Socialstyrelsen, 1994:9). Holistic health is a dynamic, complex, and multi-dimensional concept, which varies from individual to individual.

These relationships between the major concepts and health can be illustrated with the help of Figure 1.1. If the major concepts were to be enclosed in a circle, each concept would form a ring within the circle. Each ring would then contain within it, and thus share with the other rings, the nucleus 'health'.

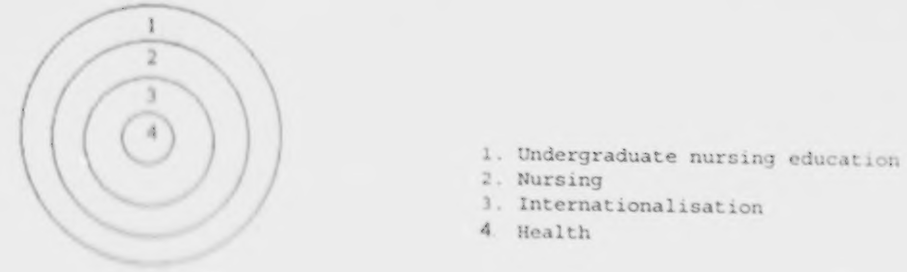


Figure 1.1. The relationship between the Major Concepts and Health. (Adatia-Sandström, 1997 ©.)

Internationalisation as a research subject is problematic. When it comes to fostering international understanding, Yebio explains that *it is not just to provide information about other countries, but to work with the educational situations at hand in order to build up successively an ability in the students to tackle the global issues in larger and larger perspectives*, (Yebio, 1980b: 57).

Burns (1975 - 1980) and Opper (1979), in their research on internationalisation in higher education, found that in most of the programmes internationalisation tended to be managed rather haphazardly and not as intended, sometimes well and sometimes not at all. Opper (1979:198-199), made the following concluding remark:

> *Despite the realistic assessments... 'internationalisation' as it applies to undergraduate education in Sweden, remains confusing and elusive to those people who have responsibility for the structure of undergraduate curricula. ...The varied implications attending the term internationalisation have already discouraged a number of innovative attempts to internationalise... ...there are doubts among university staff as to whether or not 'internationalising' higher education will or should bring about an internationalisation of Swedish society.*

Burns, (1979a) upon completion of her research, concluded that in order to achieve the intentions of the original goals of internationalisation in higher education, internationalisation should be incorporated as a distinct activity in the context of the discipline of the curriculum in question. She argued that the key to incorporating internationalisation in higher education was to foster awareness. This implies fostering an awareness of global issues from two perspectives. The first is how students, because of their interdependence locally, nationally and internationally in private and professional life, are affected by various global issues, for example pollution of the environment, natural catastrophes, and wars and conflicts in different countries. These situations bring about increasing migration of people in search of more humane conditions, and affect the state of health of individuals because of their living and working conditions on which global issues have an impact. The second is the role each student can play in the future, as a professional within his or her discipline, to improve the global situation and to preserve the human race, the global environment, and the planet Earth. Burns further concluded that the concept of 'internationalisation' is humane. Teachers and students can easily feel vaguely positive towards the concept, but making idealism concrete in higher educational settings is not easy.

Internationalisation in Swedish undergraduate nursing education

Swedish undergraduate nursing education experienced a situation similar to that of internationalisation in higher education because of the lack of clear guidelines on the pedagogic issues which incorporate internationalisation into the curriculum. There was confusion both amongst the teachers and students, who questioned its place in the curriculum for undergraduate nursing education. Neckmar & Rooke, (1981), and Neckmar, (1982), found that incorporating internationalisation in the Swedish undergraduate nursing education depended upon the teacher's interest and ability, so that either something was done about it or it was ignored completely.

This situation existed for two reasons. The first was the teachers' lack of knowledge of the background to education in internationalisation. Such knowledge would have made it possible to understand its implication for undergraduate nursing education. The second was the failure to issue concrete directives to guide and support the incorporation of internationalisation into the curriculum, (Neckmar, 1982:59).

In 1983, therefore, the National Board of Universities and Colleges, (UHÄ), organised a conference for teachers within the care sector, (UHÄ, 1984:13). During the conference it was agreed that, within the care sector, which included nursing education, 'internationalisation' could be interpreted as 'internationalisation and cross-cultural communication', which here was seen as becoming increasingly internationalised within the different spheres of the society. Because of an increasing number of immigrants who sought the services of the health care organisations, an increasing number of cross-cultural encounters were foreseen as taking place within the health care system. This required staff to have cross-cultural communicative competence. Therefore, it was argued that education for international understanding in the curricula for the health care professions could be interpreted as internationalisation/cross cultural communication, and ought to be incorporated in all the curricula of the care sector in Swedish higher education. Activities should be planned to prepare the students for cross-cultural communication, and to make them aware of their role and responsibilities in resolving global issues while providing a professional service to society that promoted the health of all individuals. The need for a curriculum with a global perspective was therefore also emphasised. International researchers studying the anthropology of cross-cultural communication have agreed to employ the term 'intercultural communication' as communication across cultural (ethnic, racial and or sub-cultural) boundaries, (Lundberg & Eriksson 1983; Lundberg, 1991). Hence, in the present dissertation the term intercultural is employed. However for the sake of brevity the term 'internationalisation' is used to imply both 'internationalisation' and 'intercultural communication'.

A conference was held in Örebro on 25 March 1996 to discuss ways of implementing ideas about internationalisation into educational programmes, and its goals. The discussions showed that internationalisation continues to pose difficulties. It was apparent at the conference that there is a need to find a coherent educational strategy to incorporate into different higher educational curricula the basic intentions expressed in the IU report (UKÄ 1974:21) that formed part of the Swedish 1974 Higher Education Reform. As a result a follow-up conference was held in Stockholm on 11-12 September 1997 to exchange ideas on the implementation of internationalisation in higher education. Here again the importance of a clear didactic strategy for support and guidance for organisation, planning, administration and management of various activities was emphasised, (Högskoleverket Studies, 1997:8S).

Specific aspects of the dissertation

Certain terms describe specific aspects of the present dissertation. They are as follows: My research is conducted through a ***pedagogical perspective***. This means that my way of viewing and solving the problem of internationalisation is rooted in the teaching and learning methods, which are required by the curriculum for Swedish undergraduate nursing education. Perspective denotes the way of narrowing the frame for viewing and solving problems, (Gaut, 1984; Bjerkman, 1984). Perspective represents a co-ordinated set of ideas and actions used as one's ordinary way of thinking, feeling, and acting when dealing with a problem within the framework of one's work. Every definition necessarily depends upon one's perspective; the perspective contains in itself the whole system of thoughts representing the position of the thinker in question. The way in which a concept is defined, and the nuances it is given, embodies to a certain degree a pre judgement of the outcome of the chain of ideas built upon it. Bearing this in mind, in a broader perspective, it would be true to say that no research is entirely objective in the most correct sense of the word because it carries with it the bias of the perspective of the researcher since *Perception is two ways. How it is and who is looking at it and how*, (Morrison, 1994). On the basis of these arguments it is fair to say that my own philosophical and ethical perspectives underlying my worldview, and my views on human beings in general, influence my pedagogical perspective in this research. When tackling research problems my methodological approach has been influenced by my scientific perspective on research procedures for scientifically solving educational problems in connection with incorporating internationalisation in the curriculum for Swedish undergraduate nursing education. Thus in the present research, my questions, aim, methods, and interpretation of results are entirely dependent on a combination of different perspectives which make up my overall pedagogical perspective. Brief accounts of my philosophical, ethical, scientific and pedagogical perspectives are given in Chapter 3.1.

The emphasis in my research is upon pedagogic issues. This refers to the practical problems of teaching and learning, which confront the teachers and student nurses involved in the undergraduate nursing educational programme. These are the rationale (why), the content, (what), the time and the place within the curriculum (when and where), and the approach (how), for incorporating internationalisation as a distinct activity, (Burns, 1976, 1979a & b), in both theory and practice, (Alexander, 1983). These pedagogical issues arise when attempting to incorporate internationalisation into nursing in the context of Swedish undergraduate nursing education in accordance with the aims of the official orders, which govern the curriculum. A solution to the problem of the pedagogical issues is important because effective learning requires an approach which applies to the total orientation of student nurses towards their future professional life, (Freire, 1990; Illich, 1977). For a teacher it implies acquiring an understanding of the educational process, which embraces fundamental pedagogic issues because *the message in its simplest form is that, as educators, we should be much more concerned than we are with the quality of learning. ...If we are interested in the outcome of learning, a sensible point is the aims of higher education. We should then examine what is actually achieved in relation to what is intended,* (Marton et al., 1984:2).

Focus refers to the aspect, which receives particular emphasis. In my research the focus is on the teaching and learning issues that bear on 'internationalisation', and are intended to provide the undergraduate student nurses with an education which can meet the demands and the challenges of nursing within a health care system in a society which is becoming increasingly multi-cultural and internationalised, (SFS, 1977:218§2; SFS, 1992:1434 §5; UHÄ; 1984:13). The focus is thus upon obtaining specific knowledge as to why, what, where, when, and how to incorporate internationalisation into Swedish undergraduate nursing education as intended by the 1982 curriculum (SÖ/ UHÄ, 1981) in accordance with the 1977 Higher Education Act (SFS, 1977:218).

As explained earlier, internationalisation in my research is intimately connected with undergraduate nursing education, nursing, intercultural communication and health as important concepts. However, to make my research manageable, distribution of emphasis is deliberately limited to the main perspective (pedagogical) and the main concept (internationalisation) alone. It was not easy to draw a fine line between the two. In Chapter 3 the other concepts are toned down and described only in sufficient detail to show the relationships between the major concepts and the nucleus. Ontological and epistemological arguments on a more theoretical level are avoided, partly for brevity and partly to prevent confusion about the focus (on internationalisation) and the perspective (pedagogical).

Focus on internationalisation through a pedagogical perspective requires attention to a specific ***context,*** taking into consideration the dynamics of the educational process when internationalisation is incorporated into the curriculum. In my research, context refers to the background against which the phenomenon of internationalisation in Swedish undergraduate nursing education is viewed, and which discloses the significance the phenomenon has for the principles and practice of 'nursing' both educationally and professionally in different settings, (Burns, 1979a&b). Context provides the philosophical dimension to the understanding of the research issues, (Ray, 1984:96). It indicates that each part is to be understood in the light of the whole, and that the whole is understood in the light of its parts. A context (a whole, a situation) embodies the following particular parts: the utterances, actions, tacit intentions, physical, social and historical entities, and theoretical conceptualisations connected with the phenomenon. *...in virtue of belonging to the same context or occurring in the same situation, they are somehow related or united and that the principle of relation or unity is ultimately to be explained in terms of the contextual understanding,* (Floistad, 1981:91). Here the meaning is to be interpreted as the rules, regulations, conventions, and habits that govern the actual use of expressions.

Dynamics refers to the changing nature of a process, which is in a state of continuous motion. In the undergraduate nursing educational process there is a dynamic from a lower introductory level to a higher professional level which involves breadth and depth of knowledge and skills, (Sandin, 1988).

Incorporating as a distinct activity refers to the deliberate inclusion of specific activities concerning internationalisation as a result of informed choice rather than coercion of any kind, (Tones et al., 1990), in partnership between the teachers and the students. These activities are woven into the curriculum in such a way that they form a seamless whole within the curriculum, (Burns, 1979, a & b; Yebio, 1980-1992). Thus incorporating as a distinct activity implies planned actions for an educational process, with the aim of reaching a goal, which is decided upon after reflection upon relevant theories in nursing and education.

The focus, the pedagogical perspective, the context, and the dynamics of the educational process referred to in my research for incorporating internationalisation into the curriculum have their foundation in five essential educational theories. These are described in Chapter 4. The educational theories have generated the arguments for the philosophical, ethical, and pedagogical perspectives described in Chapter 2. This in turn has inspired me to employ the scientific perspective of Kant, (Makkreel, 1990), to create the research design to make this rather 'cumbersome' research manageable within the framework of my research conditions concerning time and resources. The scientific perspective is also described in Chapter 2.

The methodological approach

In Chapter 5 an account is given of different methods I have employed for my research because of the complex nature of my research subject (internationalisation) and object (undergraduate nursing education). My overall methodological approach is ethnographic in so far as it is not confined to a specific theory or a hypothesis as a starting point. Nor is it confined to any specific method. It is an open-minded approach, (Hammersley & Atkinson, 1995; Rothermel, 1996), shaped on the basis of ideas from different methods for conducting qualitative research in the social sciences. My multi-method ethnographic approach draws upon ideas from action research, ethnography (both as an approach and a method), grounded theory, an historic research approach, phenomenography, and phenomenology. These methods have made it possible to tackle my research *to describe the different aspects of the different dimensions of a complex phenomenon,* as suggested by Kant, (Makkreel, 1990). Swedish undergraduate nursing education is complex. It involves both theory and practice. The phenomenon of internationalisation is complex. It is multi-disciplinary, multi-dimensional and multi-faceted. Therefore, to understand and to describe the complexity that is involved requires an approach, which can comprehend this complexity. My approach is therefore heuristic. An overall ethnographic approach has permitted openness to the research problems and the data. More specifically I have tried to gain knowledge to answer the questions why, what, when, where, and how with an open mind. My methods have been guided by the nature and culture of my research subject (internationalisation) and the research object (undergraduate nursing education), (Lundberg, 1991). The complexity of both has allowed me to gain insights into the limits and possibilities of my project. I have employed the methods that were most practical under the circumstances. This has allowed me time for reflection, and thus has provided the challenge to broaden the limits of traditional methodological approach, (Bernstein, 1996; Diers, 1976; Thomas, 1993). Further penetration into the dissertation will reveal that the ethnographic multi-method approach I have employed is relevant and fruitful. *New kinds of problems need new strategies,* (Morrison, 1994), which is why recent years have seen the increasing use of multi-method approaches within the social sciences, (Brewer & Hunter, 1989), and education, (Jaeger, 1988).

As my research progressed, certain features became clearer and in turn gave a deeper insight into and understanding of the phenomenon in question, which is typical for ethnographic research, (Hammersley & Atkinson, 1995; Rothermel, 1996; Thomas 1993). Merleau-Ponty (1970:68) has argued that one's experience and knowledge influences one's consciousness of the phenomena in one's life-world. *The subject's biography, past experience, knowledge of the world, qualifies his or her gaze by positing other aspects of the object.* Thus each empirical study leads to the next in order to complete the emerging picture of the problems involved in a natural way.

The presentation of the research

Bernstein, (1996:2), argues that perspective and focus are essential not only throughout the research process but also in the presentation, when the following questions invariably arise in the mind of a researcher: How *do I formulate the research object theoretically and recognise it in an unambiguously empirical way? How do I recognise the realisation of this empirical object under different regulations? How can I make a valid, reliable, systematic description* *of what I wish to describe? How do I interpret the results of my descriptions? How do I relate my descriptions and interpretations horizontally and vertically to different levels of my enquiries?*

The nature of the object and the subject of my research has influenced the methodological approach, which in turn has influenced the presentation of the dissertation. Ethnographies are as much literary as scientific works, and not merely because they make use of certain discursive styles, but because their very construction involves literary processes. Metaphor, figuration, narrative, and descriptions affect the ways cultural phenomena are registered, from the first jotted observations to the completed work, (Rothermel, 1996; Spindler & Spindler, 1987; Thomas, 1993). All ethnographic data cannot be presented as hard scientific facts. The descriptions are shaped by the researcher's total participation in the situations, which he or she has studied. Therefore the narratives often tend to be written in a lucid passionate style, (Hammersley & Atkinson, 1995).

Ethnography is often defined as the science of cultural description. It is an endeavour in which the researcher attempts accurately to describe and interpret the nature of social discourse among a group of people. While this definition sheds some light on my aim for this dissertation it also leaves room for questions. What does it mean to describe and interpret, and is it possible to do so accurately? Reasons for and ways of doing ethnography have become the subject of considerable debate in recent decades. It is an emergent interdisciplinary phenomenon. Its authority and rhetoric have spread to many fields where culture is a newly problematic object of description and critique. These debates address underlying conceptions of culture (what it is), the methods and means used when doing fieldwork (by which one supposedly comes to know culture), and the methods and means of representation (how one portrays what it is one has come to know). The ethnographer determines, through his or her fieldwork and ethnographic writing, where and what culture is, and what it is that is important to know about it. Thus ambiguity or a researcher's bias, as it reflects the complexity of a particular social discourse, does have a place in ethnographic research, (Hammersley & Atkinson, 1995; Leininger, 1985; Rothermel, 1996; Spindler & Spindler, 1987; Thomas, 1993). *Although narratives have an honourable history as 'temporising of essence', they are often denigrated...as mere anecdotes. There is always a press on researcher for justification of his/her data*, (Hymes, 1996:112). In parts therefore there is some repetition *because it is not possible to understand the significance of the research without some discussion of the concepts on which the research draws*, (Bernstein, 1996:4). In all studies I have deferred judgement on what is important until after the data has been collected. Reflective critical thinking has played a crucial part in analysis, (Thomas, 1993).

The organisation of the dissertation

To ease the understanding of such a complex dissertation, it has been organised as follows.

Chapters 1-5 provide an introduction and then describe the research framework, the conceptual relationships, the theoretical anchorage, and the methodological approaches employed.

Chapter 6 describes the research with a historical perspective. It gives the background to the origins and the evolution of the concept of internationalisation within Swedish undergraduate nursing education. It provides insight into and understanding of the importance of internationalisation in nursing education which aroused my interest, despite the 'cumbersomeness' of the subject, (Burns, 1979, a&b; Opper, 1979), that lies behind the empirical studies described in Chapters 7-7:6. The placing of Chapter 6 is debatable. It is a question of what comes first - the chicken or the egg? It might have been desirable to introduce the contents of Chapter 6 at an earlier stage to help the reader understand internationalisation in nursing education. On the other hand, without the knowledge of the formalities of my research described in Chapters 1-5, the historical background described in Chapter 6 might only confuse, and create in the mind of the reader expectations quite different from those that my research addresses.

Chapters 7-7:6 give a description of six studies as follows:

Study 1 involved interviews with practitioners in primary health care.

Study 2 involved interviews with experts (researchers and administrators) specifically engaged with issues concerning internationalisation. Studies 1 & 2 provide the views of the outsiders, of the persons who were not actively involved in planning and organising the curriculum. An insider's view is provided in Study 3.

Study 3 was undertaken to gain a practitioner's perspective through ethnographic fieldwork. The aim of the study was to observe, document, isolate, analyse, and describe situations which could provide support and guidance for teachers responsible for planning and organising the curriculum, and to answer the questions *why, what, where, when,* and *how* for those incorporating internationalisation into the curriculum for Swedish undergraduate nursing education.

Study 4 provides a nursing student's perspective derived from ethnographic fieldwork.

Study 5 was planned as participatory action research. It was conducted to study the potential for fruitful interaction between the knowledge gained from the Studies 1-4 within the existing framework of the curriculum for Swedish undergraduate nursing education. I, as a nursing teacher, aimed to conduct complete participant observations while *acting as a co-ordinator, who is no teacher in the conventional sense, but who has become educator-educatee in dialogue with the students,* (Freire, 1974: viii, xiv), and staff during clinical work.

Study 6 is a complementary study, in the form of a survey by questionnaire, to compare and confirm the results of Study 5. This is an approach, which is described by Miles & Huberman (1984), and is suggested as a suitable step by Jensen (1995).

The data from each study is analysed as instances of systematic connection between the intentions of the official orders and the ideological functions of the curriculum in teaching situations in theory and practice. Here limits as well as possibilities are set for social identities and relations within curricular settings in classroom and in clinical practice, which is complex.

Chapters 8, 8:1 and 8:2 describe the results of the combined analysis of the total data, the curriculum development opportunities, and a teaching strategy to provide support and guidance in answering the pedagogical questions why, what, when, where, and how. In these chapters I present the conclusions to be drawn from the combined results of the entire research project as far as incorporating internationalisation into Swedish undergraduate nursing education as foreseen by the official documents is concerned.

Chapter 9 gives final comments and reflections.

Chapter 10 gives the summary. Appendices and bibliography follow at the end.

In my quest to seek support and guidance for my research, I have tried to trace the original source for a specific argument whenever possible. In so doing I have gone back many decades. For example, Leininger has produced 25 books and over 800 articles since she started doing research in transcultural nursing (TCN) in the 1960s. I find that her most recent article (1997) is both a review and a re-articulation of her fundamental theories and arguments that she has presented over the years. Many of her ideas which are pertinent for my research, are elaborately described in her earlier publications, for example about transcultural nursing in nursing education, (1978) and about qualitative methods in nursing research, (1985).

A Utopia, an ideology, a dream, or a vision?

Bernstein, (1996), argues for the ideological bias of curriculum content. What is missing is a conceptualisation of the educational processes' structural conditions and 'discursive rules' that generate practices of inclusion and exclusion which integrate and link the pedagogical discourse with institutional structure. This connects the development of the production and reproduction of knowledge amongst the students and the teachers. Internationalisation concerns both the sociology and the philosophy of education. As described in Chapter 6 internationalisation's ideology and philosophy are based on socio-economical and political issues in society. We perceive the moral dimension in virtue of the human reality. My research is concerned with structuring of pedagogic communication that focuses on the rules and conditions for the production, distribution, acquisition and recontextualisation of knowledge, (Bernstein, 1996; Elfstrom, 1990; Frost, 1996; Vetlesen, 1992).

I share the vision of internationalisation because of my own international background and professional experience. Hence my commitment to this research, (Hammersley & Atkinson, 1995; Thomas, 1993). However, my research shows that 'internationalisation' in Swedish undergraduate nursing education is neither a dream, a vision nor a Utopia. Incorporating it into the curriculum is undoubtedly a complex and a difficult task. Nevertheless, it is an important task because, *what is an artefact if treated naively reflects a fact of life if taken seriously,* (Hammersley & Atkinson, 1995:18). It permits restructuring and reforming of educational approaches, planning and organising to adjust to the 'new times' as we enter the twenty-first century. Worldwide interdependence and globalisation are major forces in contemporary private and professional life. They require that overall consideration that extends well beyond the fields of traditional education. In confronting the many challenges that the future holds in store, humankind sees in education an indispensable asset in its attempt to attain the ideals of peace, freedom and social justice, (Bernstein, 1996; Delors, 1996; Elfstrom, 1990; Frost, 1996). Nursing education is also an expression of affection for student nurses whom we need to welcome into the nursing community as inheritors of the nursing profession. Education is at the heart of both personal and community development. *We must be guided by the Utopian aim of steering the world towards greater mutual understanding, a greater sense of responsibility and a greater solidarity through acceptance of our spiritual and cultural differences...* (Delors, 1996:19,51). By incorporating internationalisation, undergraduate nursing education has the potential to achieve this aim. In this respect education in internationalisation is a necessary Utopia.

In the light of current worldwide population movements and increasing student and staff mobility, cultural encounters both in educational as well as nursing settings are becoming more extensive and intensive. As we approach the twenty-first century, this is already causing major changes in nursing education and practice. Increasingly more nurses and midwives are interacting with people, in Sweden and abroad, who speak different languages, act differently and have different care needs. They need to know and understand the multiple holistic, social structure and environmental factors influencing care, health, dying, disability and other human conditions related to both poor and affluent cultures. When seeking professional services, consumers demand quality-nursing care that is holistic and respects their cultural values, beliefs and ways of life. On the basis of these arguments, the conclusion I can draw from my research is in agreement with Leininger, (1997:20), when she argues that *Cultural care and health factors with holistic perspective of human beliefs, values, history, language and social structures must be incorporated into nursing education and practice...to prevent cultural backlash, conflict, legal problems and unfavourable nursing outcomes.* In this respect my research is important. Scientists have a task to conduct research to solve the problems inherent in translating ideologies into reality. It is unlikely that one will be able to come to grips with the types of problems that are described in my research without systematic enquiries into the problems encountered within educational settings and into the status order within which the student nurses receive their education in theory and practice, (Burns, 1979, a&b; Bernstein, 1996; Elfstrom, 1990; Frost, 1996; Högskoleverket Studies, 1997:8S; SFS 1982:763; SFS 1994:953; SFS 1996/97:124; SOSFS 1990:15; SOSFS 1993:17; SOSFS 1995:5; SOSFS 1995:15). My research is thus heuristic and fruitful. It connects ideology to reality as an interpersonal process and phenomenon as a concern between human beings irrespective of their class, colour, cast, age or sex.

Chapter 2

THE RESEARCH FRAMEWORK

In this Chapter the essential framework of my research is described; the central questions, the major aim, the research perspectives, the narrowed-down research area and the research design. These have grown, become refined and successively developed from the analysis of each study to provide the foundation for the construction of the research framework, (Glaser & Strauss, 1967).

To make my research manageable I have viewed internationalisation in the context of nursing, which is the principal subject in the curriculum for Swedish undergraduate nursing education. In its turn nursing is holistic and humanistic. It involves care, caring and love. This encompasses gentleness, kindness, human warmth and comfort. I have interpreted the essence of these characteristics of professional nursing as *tender loving care* (TLC) as a result of analysis of data from studies 1-5. Hence in my research I have viewed internationalisation in the context of (nursing with) tender loving care (TLC).

The Research Questions and The Aim

Important as a basis for this entire project has been the government white paper investigation of 1974 (DSU 1974:6), which was crystallised into the Higher Education Reform. The reform emphasised internationalisation in all the higher educational programmes. Parliament expressed this particular point as a part of Section 2 of the Higher Education Act (SFS 1977:218 §2), as *All higher education shall promote an understanding of other countries and enhance international relations*. The members of parliament did not consider that the concept required an elaborate expression in the Higher Education Act. Therefore no specific guidelines were issued as support for the teachers and students, (Opper, 1979). Following the conclusions drawn by the committee for the inquiry Care 77, (SOU 1978:50), the Higher Education Reform had also suggested upgrading certain vocational programmes to the level of medium-length education within the care sector of the higher educational system. In response, Swedish basic general nursing education was upgraded in 1978 and was included in the care sector of the Swedish higher educational system. Consequently the curriculum for Swedish basic general nursing education was thoroughly revised. The revised curriculum, (SÖ/UHÄ, 1981) introduced three crucial changes in the following:

- organisation - administration, planning and decision making;
- education that was based on research; and
- education in internationalisation.

The new order of things made new kinds of demands on the competence of the teachers. In order to fulfil the intentions of the official documents, they needed knowledge and skills at a higher educational level in all subjects, including internationalisation. The teachers were faced with two dilemmas simultaneously. The first concerned their own competence. They had to acquire research competence to be able to function within a higher education programme. The second concerned incorporating internationalisation into the curriculum at a higher education level, which involved both theory and practice.

As a teacher of undergraduate nurses in Sweden, I too was affected by the above-mentioned changes and dilemmas. For me internationalisation posed a specific problem, but not one without particular fascination, and a challenge to tackle. The persistently haunting question was *What did it mean and how could it be taught as was foreseen by the official orders?* The problems that were faced by teachers concerned the fundamental pedagogical issues. The difficulties were with the interpretation and implementation of internationalisation into the curriculum. There were no guidelines to decide upon its range in terms of content, approach, time, and place in the curriculum. Therefore internationalisation caused confusion, irritation and doubts amongst both teachers and students, who questioned whether it should be in the curriculum at all, and what was its relevance for 'nursing'. *Time is limited for the entire undergraduate programme to include both theory and practice, and there are so many other aspects of nursing care, which we think are more important.* This was the argument often employed as a valid reason for opting out from incorporating internationalisation into the curriculum. In the 1993 Higher Education Act, (SFS 1992:1434), again the same point is expressed without elaboration in Section 5. Thus, the practical difficulties of solving the fundamental questions why, what, when, where and how in connection with interpretation and implementation to permit incorporating internationalisation into the curriculum for Swedish undergraduate nursing education have prompted the present research.

The research questions

From the initial stage my own experience has prompted this research. As a teacher I had the responsibility of incorporating internationalisation into the curriculum for Swedish undergraduate nursing education. I lacked, and in turn became aware of the necessity of having, research-based support and guidance to solve the problems faced by the teachers and students when incorporating internationalisation into the curriculum. The difficulties concerned interpretation and implementation of internationalisation into the curriculum involving the following fundamental pedagogical questions around which my research evolves: why (motivation and rationale), what (meaning and content), when and where (time and place in the curriculum), and how (the teaching approach). I was constantly confronted by these questions in my daily work in theory and in practice. These questions thus became central for my research in order to gain answers to my following three main questions:

- *What is meant by internationalisation in Swedish undergraduate nursing education? What is its interpretation in the light of its historical background?*
- *Is there a need for internationalisation in Swedish undergraduate nursing education?*
- *How should one incorporate internationalisation into the curriculum of Swedish undergraduate nursing education as foreseen by the official orders?*

The three central issues in my research concern the interpretation and implementation of internationalisation in the curriculum for undergraduate nursing education, which combines both theory and practice. The first is to provide an understanding of the meaning of 'internationalisation' as it is expressed in the official orders, by some practitioners and by some experts, in order to explain why it is necessary to incorporate internationalisation in Swedish undergraduate nursing education. The second is to find support and guidance on what kind of knowledge can be considered as suitable in content, when and where opportunities can be provided in the curriculum and what methods can be suitably employed. Finding answers to these questions is important, so that incorporating internationalisation is meaningful and contextually relevant for Swedish undergraduate nursing education and fulfils the intentions of the official orders which, in turn, express the needs and expectations of Swedish society. (IU report: UKÄ 1974:21; Högskoleverket, 1997:8S)

Enclosed within the three central questions are the following underlying questions. These questions illuminate different aspects of a complex educational programme, which includes both theory and practice:

- Why is internationalisation important for the Swedish undergraduate nursing education? Who has taken this decision, and on what grounds? How is it to be interpreted so it may be implemented in practice?

- What situations occur in nursing practice which call for specific knowledge and skills which, in turn, can be gained by the undergraduate nursing students through education in internationalisation? Do the Swedish medium-length undergraduate programmes of the care sector in nursing, audio technology, and physio-, and occupational-therapy (where I was involved as a teacher) permit the incorporation of internationalisation into their curricula?

- Does it make a difference in the students' ability to solve problems and enhance their performance when they have received education in internationalisation?

- Has internationalisation been incorporated into the curricula of the care sector of Swedish higher education? If so, to what extent? What views are held by the teachers who are responsible for some of the educational programmes within the Swedish care sector regarding incorporating internationalisation into their curricula? Is it possible to confirm the ability of the students in problem solving as a result of education in internationalisation?

- Can answers to these questions illuminate some of the problems, which in turn may provide some support and guidance for incorporating internationalisation into Swedish undergraduate nursing education?

These questions, when considered in combination with the three central questions, clarify the logic and the reasons for conducting different studies in connection with my research.

The aim of the research

On the basis of the above mentioned three main questions, the major aim of my research is:

To gain knowledge for support and guidance in interpreting and implementing internationalisation and intercultural communication in the context of nursing with tender loving care into the curriculum for Swedish undergraduate nursing education as intended by the official orders.

The Research Perspectives: philosophical, ethical, scientific and pedagogical

Educational research is intimately connected with researchers' basic educational philosophies. These mirror their thoughts on planning and organising, interactions and decisions. These in turn are influenced by their theories and beliefs about how the students learn, in other words the educator's perception of what causes students to behave in a certain manner so that they learn or do not learn as intended by the curriculum, (Chapter 1). Therefore the better defined the researcher's own basic educational philosophy, the clearer is his or her research perspective and theoretical anchorage, (Meighan, 1992). Fundamental to the pedagogical perspective of my research is the worldview and view of man derived from a combination of specific ethical, philosophical and scientific perspectives, which are considered relevant. These in turn are based upon an understanding that *the main object of teaching is not to explain meanings but to knock at the door of mind*, (Rabindranath Tagore, source unknown), and a belief that *the subject must always disappear in the object of the exercise*, (H.H. The Aga Khan III, 1954:335).Therefore, I describe below my own philosophical, ethical, scientific and pedagogical perspectives which underlie the shaping of my research.

The philosophical perspective

My philosophical stand is anchored upon a worldview, which regards human beings as positive and well-meaning, integrated, organised entities. They are not reducible to discrete parts; although parts are acknowledged, they have meaning only within the context of the whole, and the whole is more than the sum of the parts. Further, human beings are inherently and spontaneously active and social. They interact with the environment, rather than reject it, in order to exist in harmony with nature and their culture. This worldview generates a holistic and humanistic perspective on nursing, (Chaska, 1983; Chinn & Jacobs, 1987; Eriksson, 1988-1993; Fawcett, 1987; Henderson, 1966, 1978; Lanara, 1984; Leininger, 1977-1984; Meleis, 1985; Nightingale, 1969; Orem, 1979, 1985 Paterson & Zderad, 1988; Rogers, 1970; Watson, 1979). Every human being is unique, in unity with the cosmos. Each is created as a part of the universe and not apart from it, to live in the fellowship of unity and not in a separate existence. Human beings have an urge to be active, to create and express, to explore and explain their thoughts and feelings, and their concept of the world around them. Their creativity is expressed not only in the arts, architecture and artefacts, but also in living conditions or in intellectual and spiritual uplifting through knowledge, insight and experience, (Bevis & Watson, 1989; Csikszentmihalyi, 1990; Dewey, 1916-1980; Eriksson 1993; Koestler, 1964; Maslow, 1954, 1973; Nightingale, 1969; Paterson & Zderad, 1988; Pestalozzi, in Svedberg & Zaar, 1993). Human beings are social, with a sense of solidarity with others and a desire for humanitarian deeds, (Burns, 1975-1980; Von Wright 1979).

There is recognition of the reciprocal relationships and interaction that preserve the integrity of every unique human being so that every individual can grow and live in harmony with others. It is the task of each human being to find and know the meaning of life, (Frankl, 1986), to be able to trust, believe and live in harmony with the rest of the creation. Human beings exist in the here and now, and are anchored to their socio-biological past which provides a foundation for the future, (Hume, 1976:31,33,37; Kant, 1960, 1969 a&b, 1980). Human beings are born with basic needs, the gratification of which is essential for their ultimate survival and for the appreciation of human contact, beauty, harmony and love. These are important contributory factors for the promotion of health, (Maslow, 1954). Human beings need humane conditions for survival for which human warmth, love and affection are important ingredients. Every human culture, by definition, contains meaning systems that serves for each as the encompassing purpose to bring order in his or her goals in life, (Bergström, 1994; Buscaglia, 1985, 1986a, 1986b; Eriksson, 1993; Hall, 1969; Leininger, 1977-84;. Maslow, 1954, 1973; Nightingale, 1969; Orem, 1979, 1985; Paterson & Zderad, 1988; Watson, 1985).

For every human being, 'where there is a will, there is a way', which implies that people can accomplish their goals in life provided they are realistic and humanly possible. The inner strength of human beings has the capacity to overcome difficulties, which, at first sight, may have seemed totally insurmountable. Faith, love and hope are contributory factors in providing human beings with a zest for life and an acceptance of life as a positive adventure, bringing to surface the inner strengths to overcome even serious illnesses and experiences of subjective health, (Cousins, 1989; Csikszentmihalyi 1990; Eriksson, 1993; Koestler, 1964, Nightingale, 1969; Siegel, 1990a, 1990b).

The ethical perspective

My ethical perspective rests upon ethic of intimacy, within 'Me and You' relationships, (Buber, 1994; Eriksson, 1993; Freire, 1990; Vetlesen, 1992), between teacher and student. It ensures mutual respect and reverence for the dignity of others as human beings. The intimacy ethic is both tolerant and vulnerable at the same time. It demands high morals and a deep sense of the responsibility of not infringing the integrity of the other. Thus my ethical perspective flows from a belief that the dignity of a human being lies in autonomy and freedom to determine his or her own convictions. The power to guide and support must be used to develop and enhance this, not to frustrate it by imposing a given set of convictions, values and beliefs, (Kant, 1960, 1967, 1969a&b; Gulyga, 1990). Caring for another person professionally requires knowledge and skill in the art and science of nursing. Ethical choices for moral action presupposes a mature personality and autonomy because: *...the obligation to care for another human being involves becoming a certain kind of person and not merely doing certain kinds of things,* (Carper, 1978:22).

Every nursing intervention requires careful ethical consideration. Research is increasingly revealing the role of ethics and virtues in nursing process and nursing education, (Hvarfner, 1988; Jansson, 1993; Kihlgren, 1992). The ethical perspective of my research framework is based upon the ethic of caring, where at every step the nurse asks: *What am I doing? Why am I doing this? Am I doing the right thing? Would I have it done to my family my friends or me?* When nursing is performed with TLC it is committed to alleviating the vulnerability of the other in order that the interventions be morally justified. The commitment is built upon mutual respect and a bonding personal relationship. It is rooted in receptivity and inter-subjective relatedness, (Watson & Ray, 1988:1-14), in a caring spirit which appeals to the human responsiveness to beauty, as each searches for truth, appreciates kindness and compassion, accepts obligations to care for the fellow human beings, motivates human efforts, energises lives and opens gates to laughter and tears, (Bevis & Watson, 1989:64). In the sphere of 'nursing', and therefore in nursing education also, there is a place for the role of ethical judgement and values based upon the three-step moral law of Kant, (Taylor & Watson, 1989; Watson & Ray, 1988), which Kant (1969a&b) presented as categorical imperatives in the groundwork of the metaphysics of morality, as follows:

- Act as if the maxim of your action were to be erected as a universal law.
- Act in such a way that you always treat humanity as an end and never as a means.
- Act as if your maxim was to serve as a universal law for all reasonable human beings.

The scientific perspective

My scientific perspective is based upon the philosophy of imagination by utilising the categories of sensory knowledge. It is derived from the philosophy of imagination presented by Kant, (Makkreel, 1990:16-18). As a basis for my scientific perspective for the creation of my research design, I share Kant's view of imagination as a formative power of senses. He emphasises the elementary modes of image formation in the mind and argues:

...The mind must undertake to make many observations to form a direct image of an object. This is because it forms a different image from every side. A city for example looks different from the morning aspect than from the evening aspect. There are many different appearances of a thing from different sides and viewpoints. From all these appearances, the mind must make itself an image by gathering them together, (Makkreel, 1990:16).

Kant's scientific perspective of imagination has given me the support and guidance I needed to systematically and logically, tackle the complexity of my research in a quest for answers to the pedagogical questions about education in internationalisation. It has contributed by creating a manageable research design within the framework of my work, time and resources. It has made it possible to conduct different studies to understand the different dimensions of the complexity of the educational process in theory and practice concerning internationalisation in the context of nursing with tender loving care. The analysis of different data is an act of reflective interpretation, which enables one to draw conclusions, after reflective judgement, in the form of a synthesis. Reflective interpretation is made on the basis of revisable and indeterminate guidelines. Here interpretation becomes hermeneutic because the parts of a given whole are used to enrich and specify my initial understanding, which requires the acquisition of sensory knowledge for perception of different situations, (Makkreel, 1990). For analysis the scientific perspective of imagination, as Kant implied, has also functioned as the ethic of responsibility. *...we let the data speak to us, we do not prejudge or impose our own preferred meanings, and we make sure that we do not say is when we mean ought,* (Thomas, 1993:22). Kant has also argued that there is no doubt that all our knowledge begins with experience. He has thus further guided me in the formation of Studies 3, 4 and 5, through an ethnographic approach.

The pedagogical perspective

If to do were as easy as to know what were good to do,
Chapels had been churches, and poor men's cottages princes' palaces.
It is a good divine that follows his own instructions; I can easier teach twenty what were good
to be done than to be one of the twenty to follow mine own teaching...
But this reasoning is not in a fashion to choose... I cannot choose one nor refuse none.
(Shakespeare, 1973:225)

In my research the above-mentioned ethical, philosophical, and scientific perspectives have influenced fundamental pedagogical perspectives and views on man with regards to undergraduate nursing students. Regarding education and learning experiences, I share the dilemma of Shakespeare as above and the following view of Einstein and Roger:

...It is in fact nothing short of a miracle that the modern methods of instruction have not yet entirely strangled the holy curiosity of inquiry; for this delicate little plant, aside from stimulation, stands mainly in need of freedom; without this it goes to wrack and ruin without fail, (Einstein, in Roger, 1969:iv).

I believe that there is in every individual an inborn desire and a will to learn, (Bruner, 1966). Fruitful lifelong learning occurs when there is freedom to learn, freedom to think, freedom to reflect, freedom to accommodate, assimilate and internalise the acquired knowledge in an ethically and aesthetically harmonious and caring environment. Unresolved conflicts because of an inability to solve problems in co-operation with others are detrimental to student progress, (Bevis & Watson, 1989; Comenius, 1989; Pestalozzi, in Svedberg & Zaar, 1993;

Cross, 1983; Dewey, 1980; Freire, 1990, Freire & Faundez, 1989; Knowles, 1980; Roger, 1969; Schön, 1983; Steinberg, 1983). Only when learning is experienced as relevant in the socio-cultural context, is it meaningful for mature adult nursing students. Only then the *educational goals of the curriculum can be reached,* (Marton et al., 1977; Roger, 1969; Knowles, 1985). Fundamental to my pedagogical perspective for educational research is the philosophy of education expressed by Tolstoy:

The best teacher will be he who has at his tongue's end the explanation of what it is that is bothering the pupil. These explanations give the teacher the knowledge of the greatest possible number of methods, the ability of inventing new methods and, above all, not a blind adherence to one method but the conviction that all methods are one sided, and that the best method would be the one which would answer best to all the possible difficulties incurred by a pupil, that is not a method but an art and talent, (Schön, 1983:66).

Present in my pedagogical perspective is the view of man as represented by the three categories of educational theories. These are **behaviourist,** which regards man as reactive, passive robot, the empty-vessel model of man; **cognitive,** which regards man as capable of thinking, feeling, learning and problem solving; and **humanistic**, which regards man as a continuously developing, self-directing, holistic organism with an almost infinite capacity to achieve his or her unique potential. All of these three views are necessary during the undergraduate nursing educational process. During the orientation stage, the students cannot be active. The information has to be received passively, as in the behaviourist view. During the acquiring of skills, or during data collection for learning tasks, the problem-solving ability is utilised, as in the cognitive view. For the performance of complex nursing processes for patient or client care with tender loving, it is the humanistic view which applies, (Knowles, 1989). All three stages require an ability to reflect in action, (Schön, 1983) and to select from several alternatives to suit individual needs and situations, (Benner, 1984). In nursing education, the humanistic view plays an important part, (Bevis & Watson, 1989; Knowles, 1980, 1989), and has a strong impact on the outcome of learning, (Eriksson, 1988b, 1992; Sandström, 1981). These views form the basis of my critical pedagogy, which emphasises problem posing and dialogue. The teacher acts as a midwife who draws out knowledge and assists students in giving birth to ideas through dialogues and critical reflection, (Freire, 1974, 1990; Freire & Faundez, 1989). Teaching and learning about holistic and humanistic nursing requires a holistic and humanistic curriculum in terms of content, approach, examination, and evaluation, (Bevis and Watson, 1989). Tender loving care (TLC) as the essence of the nursing process requires total commitment to unselfish 'giving' with compassion, (Eriksson, 1987,1993; Paterson & Zderad, 1988; WHO, 1976). This is not possible to learn if the nurse has never received and experienced TLC during his or her education. Since *nothing comes from nothing, and every action has a reaction*, (Buddha, 1954), a nurse cannot give what she has never received or experienced, (Study 1). Thus, learning about holistic and humanistic nursing to provide TLC is facilitated by adopting a curriculum that is so planned and structured as to provide a personal experience of TLC, (Carper, 1978; Bevis & Watson, 1989), which leads to an awareness and emancipation of self, the profession, and the others with whom the nurse or midwife is in contact in private and professional life, (Freire, 1990). In this way, care of good quality for the whole of society is enhanced by a focus on holistic health promotion, as envisaged by the official documents, (HS 90;SFS 1982:763; SFS 1990: 1465; World Health Organisation (WHO), 1947-1992), which apply to the professional work of the nurses and midwives in Sweden. This in turn implies paying attention to quality in education, (Husén, 1971, 1992, 1994).

The Research Area

Swedish undergraduate nursing education is one of the educational programmes offered by the care sector of the Swedish higher educational system. Internationalisation concerns all higher educational programmes, and therefore is to be incorporated into the curriculum for the undergraduate nursing education too. To make my research about the interpretation and implementation of internationalisation manageable I have narrowed down my research area, bearing in mind the aim of my research. The narrowing down permits an emphasis on the focus (internationalisation), the perspective (pedagogical) and the context (nursing with TLC). The aim of my research is to gain answers to the fundamental pedagogical questions *why, what, when, where*, and *how* which arise when internationalisation is incorporated into the curriculum for Swedish undergraduate nursing education in accordance with the official orders. These answers are necessary for support and guidance in the planning and organisation of the content and teaching approach for incorporating internationalisation into nursing education, (Burns, 1979a; Bernstein, 1996). Figure 2.1. represents the gist of the dissertation in a comprehensive and comprehensible manner. The arrow indicates the logic underlying the narrowing down process for research concerning a specific research subject (internationalisation), in the context of the principle subject (nursing with TLC), in a specific higher educational programme (undergraduate nursing education).

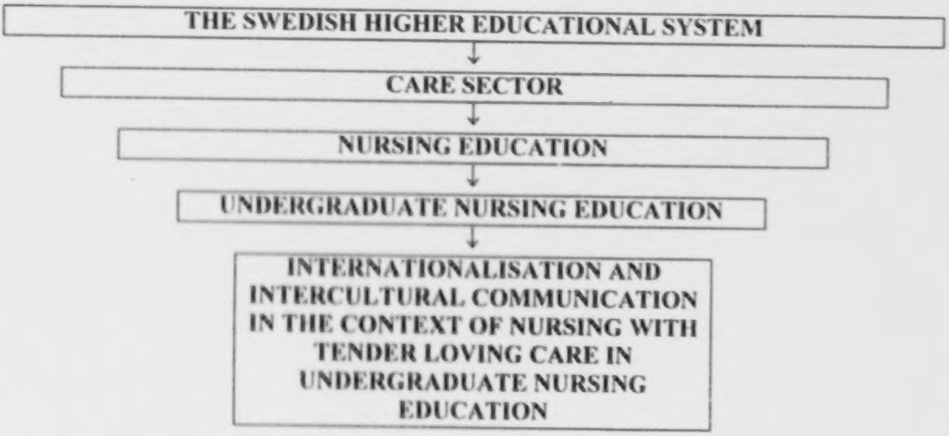

THE SWEDISH HIGHER EDUCATIONAL SYSTEM
CARE SECTOR
NURSING EDUCATION
UNDERGRADUATE NURSING EDUCATION
INTERNATIONALISATION AND INTERCULTURAL COMMUNICATION IN THE CONTEXT OF NURSING WITH TENDER LOVING CARE IN UNDERGRADUATE NURSING EDUCATION

Figure 2.1. The Narrowing of the Research Area. (Adatia-Sandström, 1997©.)

As described in Chapters 1 and 6, the idea of internationalisation in Swedish higher educational system stems from the ideology and the philosophy of the United Nations Educational and Cultural Organisation (UNESCO) put forward in 1945, (United Nations (UN), 1947). This is coupled with an awareness of Sweden's dependence upon the other nations of the world as well as her commitment to international organisations. Thus the ideology, together with an awareness of the practical circumstances, has formed the basis for internationalisation in Swedish higher educational system, (UKÄ, 1974:21), of which undergraduate nursing education has been a part since 1978, (SOU 1978:50). The phenomenon of internationalisation and intercultural communication in nursing education is complex. This, in its turn, has practical implications and makes a definite, clear-cut research approach difficult. The complexity of the intertwined relationships of the concepts produces an image, which is complicated. On the one hand, it is like a cobweb demanding total concentration and cautious methodological precision, with all the implied consciousness of the sensitivity of the components to each other when under the influence of the educational process in the context of 'nursing'. On the other hand, the complexity of the dynamics within each component provides several options for combinations and changing patterns. It acts like a kaleidoscope, which has the ability to provide exciting research patterns when viewed through different educational settings. The elements of fascination are thus encompassed in a creative surprise in research, (Whyte, 1991), because *to be surprised, to wonder, is to begin to understand,*' (José Ortegay Gasset, in Gudykunst & Kim, 1992:229).

The Research Design

Undergraduate nursing education aims to provide both performance skills (vocation) and competence (professionalism) to meet the needs and the expectations of society, which result in the demands placed on the outcome of undergraduate nursing education, (Bernstein, 1996). The background to the origin and development of the concept, to be described in Chapters 5 and 5:1, provided insight into the questions of knowledge distribution (how it is), recontextualisation (what (content) and how (teaching method)), and evaluation of transmission of knowledge so that it is meaningful and contextually relevant for nursing students and teachers, (Burns, 1979a; Bernstein, 1996). Studies 1 -6 were then conducted one after another as shown below. As explained in Chapter 1, I have employed an *open-minded ethnographic approach* (Rothermel, 1996) in my research. The studies were not planned as a set in advance; each new study took place after reflection on the analysis of data on the situations, which had appeared spontaneously in the previous study. Figure 2:2 provides an outline of the stages by which the research design took shape. Studies 1 and 2 illuminated the outsider's perspective. This raised scepticism, and the need for an insider's perspective became evident. This led to Studies 3 and 4 as complete participation observations, (Hammersley & Atkinson, 1995). The results of the analysis unmasked an outline for a didactic strategy as support and guidance in incorporating internationalisation into the curriculum. Study 5 was therefore conducted as action research to see if the results of the analysis were applicable within the existing framework of the curriculum for Swedish undergraduate nursing education. Study 6 was conducted as a complementary study to confirm the results of Studies 1-5. The arrows in Figure 2.2. point in the direction in which the Studies developed.

THE DEVELOPMENT OF THE RESEARCH DESIGN

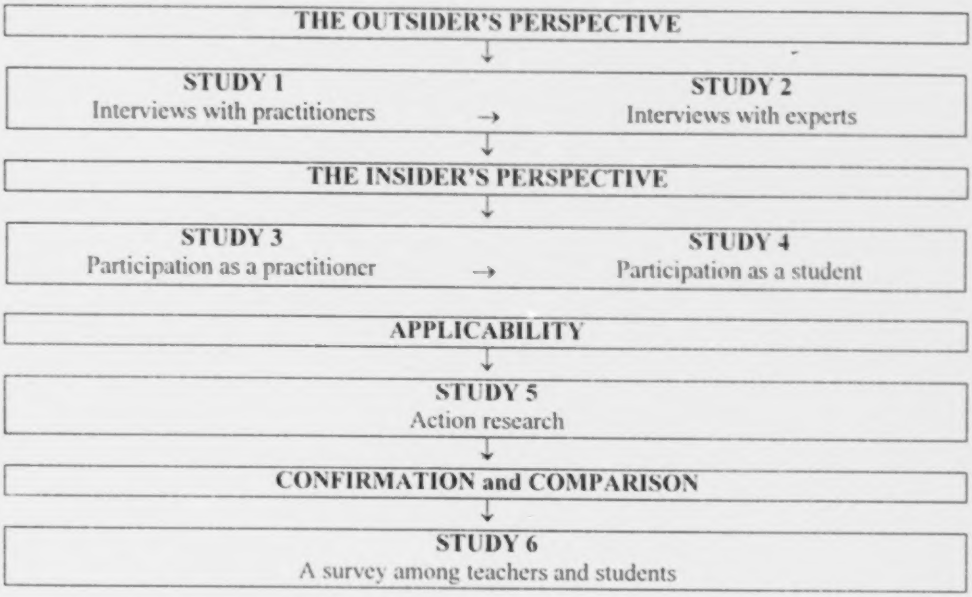

THE OUTSIDER'S PERSPECTIVE
STUDY 1
Interviews with practitioners
STUDY 2
Interviews with experts
THE INSIDER'S PERSPECTIVE
STUDY 3
Participation as a practitioner
STUDY 4
Participation as a student
APPLICABILITY
STUDY 5
Action research
CONFIRMATION and COMPARISON
STUDY 6
A survey among teachers and students

Figure 2.2. The research design. The arrows indicate how one study led to another. (Adatia-Sandström, 1997 ©.)

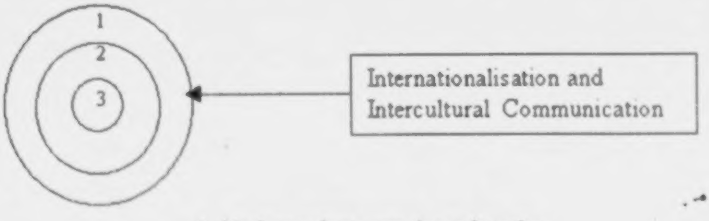
Chapter 3

THE MAJOR CONCEPTS AND THEIR RELATIONSHIPS

Every person can acquire true universal knowledge if they think through the problem without being ruffled by the unclear phrases. First and foremost we must know what each concept refers to; we must be prepared to explain what we mean when we use each term. (Socrates in Aspelin 1943:25)

The concepts which have emerged as central to my research are ***undergraduate nursing education, nursing, internationalisation, (***and ***intercultural communication).*** At the heart of each of these concepts is a concern for the health of every individual in every society. Thus ***health*** is the important common denominator that provides a close relationship between these concepts, (Chapter 1). They are therefore termed ***major concepts*** in my research. On the basis of analysis of data from Studies 1-6, I will here describe the four major concepts and their relationships from a pedagogic perspective, (Chapter 2) in order to demonstrate their role in my research. Each concept is made up of several components that illuminate specific aspects pertinent to my research (see figure 3.6).

Concepts are abstract and general, not observed in the real world. They are cognitive structures of mental images constructed in linguistic terms as representations of observations, inferences, insights, and understanding of the phenomena the concepts represent. For research purposes, it is, however, a narrowed down simplification of the whole reality. Thus it is a representation of the world that includes only those concepts which the researcher considers relevant as an aid to understanding the complex phenomenon being studied, (Fawcett, 1987:2; Marriner, 1986:18; Orem, 1979:24). Therefore to understand and describe the intimacy of the relationships of the major concepts, it is useful to use Kant's scientific perspective of imagination (Chapter 2). By so doing, the complex interconnectedness of the major concepts can be viewed from different angles as if through a kaleidoscope. This enables one to understand the possibilities of variations in their combinations and thus their influence on one another. In educational settings the four major concepts both influence and are influenced by each other, while at the same time remaining separate entities. Here lies the complexity in their relationships, (Csikszentmihalyi, 1990). The intimate relationship around the issues of the health of an individual links the major concepts, which gives rise to the phenomenon's complex pattern. Nursing is the principle subject in the curriculum for Swedish undergraduate nursing education. These two major concepts are thus inseparable. Internationalisation (and intercultural communication), is a new major concept which has to be accommodated in the curriculum as shown in Figure 3.1. (see also figure 1.1).

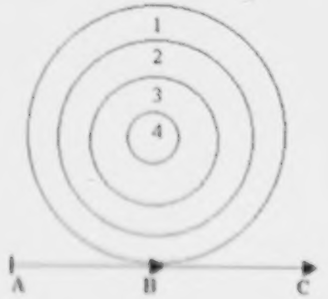


1 Undergraduate nursing education
2 Nursing as the principle subject
3 Health

Figure 3.1. Accommodating the new concepts into the curriculum. (Adatia-Sandström, 1997 ©.)

Each of the four major concepts is an independent, complex entity representing a phenomenon made up of several components. In order to achieve a clearer perception of the whole, the constituent elements of each major concept are discovered only progressively, which can become a never-ending process, (Hall, 1981b; Eriksson, 1993). The deeper the researcher probes, the more elements he/she discovers tucked away in each major concept of the particular research in question, (Csikszentmihalyi, 1990; Maslow, 1954, 1973). This makes research concerning internationalisation rather cumbersome, difficult to delineate and manage, (Burns, 1979a; Opper, 1979). The scientific perspective of imagination therefore makes a contribution to the understanding of this complexity, and thus to the construction of a manageable design. The complexity of the four major concepts is analogous with the concept of the Russian doll, that is with a concept of dolls within dolls. The tiniest doll is hidden within a larger doll, that in turn is hidden in even a larger doll, and so on until all the dolls are neatly hidden away in the largest of all. Outwardly there appears to be only one large doll without any intricacies at all. The mystery is revealed only when, on closer inspection, the curiosity of the child is aroused, and he begins to unscrew first the outermost doll and then the rest one by one. The further the child probes, the more dolls are discovered. Each doll is whole. It is possible to play with all the dolls neatly tucked away within the largest doll, with each of them separately, or with only a selection of them. It all depends upon the time, energy, inclination, and maturity of the child, which in turn are determined by cognitive, affective and motor skills.

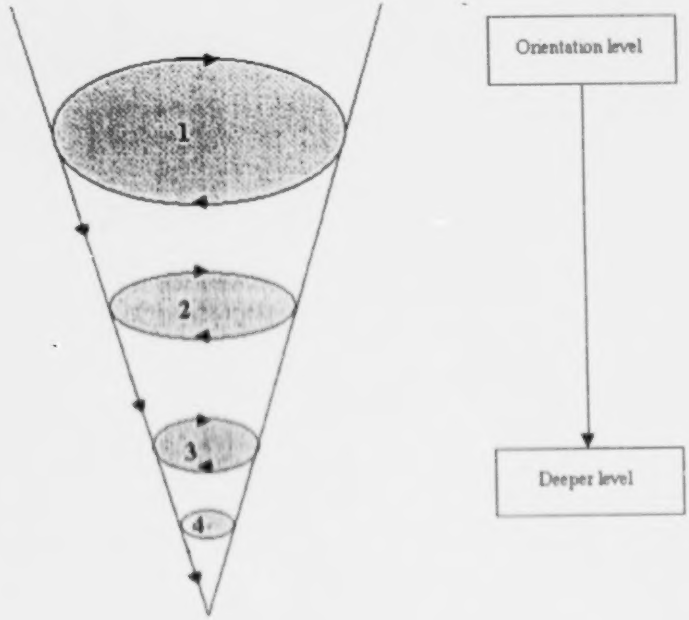
Since all the major concepts share a common nucleus, 'health', they form an intricate pattern which evolves like a dynamic wheel when internationalisation is incorporated into the curriculum of Swedish undergraduate nursing education in the context of nursing with TLC. With the help of a scientific perspective of imagination in educational settings in theory and practice, the combination of the major concepts can be seen as a wheel, with each concept as a ring within it. The rings are continually in motion. They move both in circles on horizontal plane (Figure 3.2) and up and down vertically as a cone (Figure 3.3). The horizontal motion (Figure 3.2), allows progress from one stage, course or term to another from A to B to C, (Study 5). The vertical motion allows progress in the depth of knowledge and skills from introductory to advanced levels, (Study 5). The quantitative involvement of the concepts may vary in each educational setting, (Studies 3, 4, 5). The combination of motion allows students to progress from novice to expert, (Study 5), giving both vocational and professional competence in connection with internationalisation (which includes intercultural communication). The arrows point in the direction of motion.



1. **Undergraduate nursing education**
2. **Nursing**
3. **Internationalisation**
4. **Health**

Figure 3.2. The wheel of the relationships between the major concepts when viewed in a horizontal plane. (Adalia-Sandström, 1997 ©.)

The interdependency of the concepts' relationships in an educational process can also be viewed vertically, as shown in Figure 3.3. The vertical motion represents the depth of knowledge and skills contained within each concept. Thus the student progresses from novice to expert.



1 Undergraduate nursing education
2 Nursing as the principle subject
3 Internationalisation (which includes intercultural communication)
4 Health

Figure 3.3. The dynamics in the relationships between the major concepts when viewed vertically. (Adatia-Sandström, 1997 ©.)

The intricacies of the major concepts

During analysis several 'themes', (Thomas, 1993), were revealed, (Glaser & Strauss, 1967), as 'key concerns', (Blumer, 1969), of the major concepts in connection with the educational process. The process of fragmentation and synthesis further showed that the key concerns of each concept can be generated by different components of each major concept separately or in combination. Each component in turn consists of several aspects. Many components and aspects were shared by the major concepts, and were important in different situations to varying degrees. In educational settings they share a number of important points. Thus they made linkage and access to each major concept possible. They are therefore termed 'key components' and 'key aspects'. I briefly describe below the major concepts and some of the shared key components and their key aspects, for three reasons. The first is to illuminate the interconnected relationship of the major concepts involved in my research. The second is to illuminate the intricacy of the major concepts concerning their definitions and delineations.

This shows the complexity and the cumbersomeness both of research and of education concerning internationalisation in the context of nursing. The third is to illuminate why a clear didactic strategy on content and approach for interpretation and implementation is necessary in order to avoid the confusion, irritation and frustration experienced in connection with incorporating internationalisation into Swedish undergraduate nursing education. During analysis innumerable key components of each major concept in Studies 1-6 surfaced. In turn, each component displayed several key aspects when it came to solving the pedagogical questions for incorporating internationalisation into the curriculum as shown in Figure 3.4.

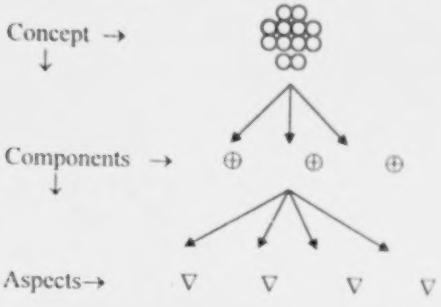


Figure 3.4. The complexity of each major concept and the innumerable components and aspects it can embrace. (Adatia-Sandström, 1997©.)

The shared key components and key aspects were to varying degrees, common to all the major concepts in Studies 1-6. They are described briefly together with each major concept to show their importance in educational settings, as was found from the data in Studies 1-6. They carry specific meanings within the framework of my research. Their contribution is significant for the teaching of internationalisation in undergraduate nursing education. Each key component and key aspect can exist both as a separate entity and as intricately entwined with the other components and aspects in the educational settings referred to in my research. As a result, each key component and key aspect is sensitive to the other components and aspects, giving rise to a two-way influence of each major concept as a whole. They all both influence and become influenced by each other.

Below are described the major concepts undergraduate nursing education, nursing, internationalisation (which includes intercultural communication) and health. Desirable as it may be, detailed descriptions and analyses of each major concept, key component and key aspect in terms of the ontology (reality as it is) and epistemology (reality as it appears) of the philosophy and the sociology of education, (Meynert, 1991), are not given in this chapter because of the great complexity of the concepts involved, which again shows the difficulties and the complexities of my research and of internationalisation in nursing education. Bearing in mind that the *general potentially includes all the diversity of the specific and reveals it in the process of its development, realisation and concretisation. In this type of general, the richness of the particular does not disappear but is preserved* (V.V. Davydov in Hedegaard et al., 1984:12), I have only described that which is pertinent for my research as it has surfaced from the analysis of data from Studies 1-6. There is an abundance of multi-disciplinary research, which has developed our knowledge of care, caring, love, nursing and health. To go into detailed discussions particularly of these concepts falls outside the scope of my dissertation. It would mean a deviation from my focus and perspective, and would make the presentation more complicated for anyone who is not familiar with the caring sciences.

The major concept Undergraduate nursing education

INSTRUCTION is, after all, an effort to assist or to shape growth. (Bruner, 1966:1)

Undergraduate nursing education prepares student nurses for their role in society as a professional nursing service. It moulds the student nurses so that their attitudes, intellect, and technical skills instil in them the desire and ability to help people, sick or well, and to cope with their health needs under general or specific medical direction through caring for them. Nursing is a practice profession. Therefore, the curriculum for Swedish undergraduate nursing education is planned and organised to facilitate the integration of theory and practice. In nursing education *theory without practice is empty, and practice without theory is blind,* (Cross, 1983:110). To make it into a meaningful life learning experience, (Kolb, 1984), the undergraduate nursing educational process encompasses essential key components and key aspects. The most outstanding key component of the major concept undergraduate nursing education is described below first. Then are given examples of its key aspects.

The key component of Undergraduate nursing education

Integration

Integration means the uniting of different parts of relevant educational theory and practice into a coherent and meaningful whole. Theory is the content of the curriculum as it is taught within the confines of the department of nursing. Practice is the performance of nursing interventions in clinical situations in hospitals, primary health care, or in patients' homes, (Alexander, 1983). Practice is not where theory is implemented; rather theory provides support and guidance in solving the practical problems of nursing situations, (Eriksson, 1977; Orem, 1979). Practice provides opportunities for the student nurses to observe nursing settings and situations, (Nightingale, 1969), under the guidance of their teachers. Student nurses acquire tacit expertise nursing knowledge, (Benner, 1984), which *has to be caught without being taught*, (Grahn, 1987:184), as an act of learning from example. Imitation and improvisation are two important aspects of learning from example, (Shehan-Campbell, 1991).

The shared key aspects of the key component integration

Imitation

Imitation is a cognitive process in which the student nurse develops a mental image, and models behaviour and practices in emulation of the model or teacher. Imitation requires keen observation, (Shehan-Campbell, 1991). Bandura, (1972), suggests that imitation may be a natural part of social learning in which the learner must form an internalised representation or mental image of the actions to be modelled until they are acquired by the student. A rehearsal, a performance under supervision, may be the key to acquisition and long-term retention of behaviour in imitative situations.

Improvisation

Improvisation requires creativity and an ability to take the initiative. It develops over a period of time as self-confidence grows and self-esteem increases, (Tones et al., 1990).

The combined analysis of the total data showed that the above described key component and its key aspects make linkage and thus access to other major concepts possible for undergraduate nursing education which thus creates an interconnected relationship between them.

The major concept Nursing

In Swedish undergraduate nursing education, nursing (omvårdnad) is a principle subject. The emphasis is on general basic nursing care. All activities are directed towards promoting learning about the basic principles and practice of nursing. Therefore, the teaching of international understanding has to be seen in the context of nursing. Nursing is both an art and a science (Nightingale, 1969). Its essence is care and caring, (Eriksson, 1987, 1993; Leininger, 1988; Watson, 1979). It is rooted in the needs of humanity, (Eriksson, 1987, 1993; Paterson & Zderad, 1988), and is founded on an ideal of service to individuals and families, and thus to society as a whole, (Nightingale, 1969; Orem, 1979, 1985). The nursing process is planned (WHO, 1976; Yura & Walsh, 1983), to provide holistic, (Rogers, 1970), and humanistic (Paterson & Zderad, 1988; Watson, 1979), care and caring. Its object is *not only to cure the sick and heal the wounded, but to bring health and ease, rest and comfort to mind and body, to shelter, nourish and protect, and to minister to all those who are helpless, handicapped, young, aged or immature*, (Orem, 1979:67).

Reverence for life and protection of human rights is fundamental to the doctrine of nursing. It acknowledges that pain and suffering are essential parts of the cycle of human existence; from cradle to grave, nursing strives to promote natural birth, a healthy life, and a peaceful death (Henderson, 1966, 1978; Hayasaka, 1989), across the boundaries of caste, colour, creed, and culture. Nursing demonstrates faith, hope, love, and beauty, (Eriksson, 1993). Nursing is holistic and humanistic, concerned with the wholeness or health of humans, recognising that they are in continuous interaction with their environments. This makes nursing complex, (Hall, 1969) and comprehensive. Its core components, which were first identified by Florence Nightingale in the mid-nineteenth century, and which have since been confirmed through contemporary systematic research, are person, environment, health, and nursing, (Chaska, 1983; Chinn & Jacobs, 1987; Eriksson, 1977-1993; Fawcett, 1987; Johansson, 1979-1994; Meleis, 1985; Rooke, 1990). The body of knowledge unique to nursing is shared by nurses locally, nationally and internationally, and follows its own code of ethics. Basic nursing care, provided to meet the fundamental human needs of the individual who is being nursed, takes into account the fourteen components identified by Henderson, (1966), that promote, preserve, maintain and restore the health of an individual, or ensure a peaceful death by alleviating pain and suffering, (Code of ethics for nurses issued by the Swedish Nurses Association, SSF 1990). Nursing interventions to provide the key component care and caring are based on the key aspects love and ethic of intimacy (chapter 2). These allow the major concept nursing linkage and access to other major concepts i.e. to undergraduate nursing education which can be planned and conducted through a caring curriculum to foster high self-esteem, and to internationalisation to foster sensitivity and respect for other individuals and cultures through awareness for ones own responsibilities, (Elfstrom, 1990; Frost, 1996) because, *love means in general terms the consciousness of my unity with another so that I am not in selfish isolation but win my self consciousness only as the renunciation of my independence and through knowing myself as the unity of myself with another and the other with me*, (Hegel, 1973:158).

The key component of Nursing

Care and caring

Caring is a nursing intervention that includes everything a nurse does to maintain, continue and repair the patient's or client's 'world' so that he/she can live in it as comfortably as possible. His/her world includes his/her body, spirit and environment, all of which are enmeshed in a complex, life-sustaining web. Human needs change with historical, cultural, class and other contexts, so that caring can be seen as a process having four intertwining phases. These are: caring ***about*** (paying attention to our world in such a way that we focus on continuity, maintenance and repair); ***taking care of*** (taking responsibility for activities that keep our world going); care ***giving*** (the concrete tasks for maintenance and repair); and ***care-receiving*** (the responses of those towards whom caring is directed to the caring process), (Fisher & Toronto, 1990). In nursing caring acquires its meaning in its social context. Care and caring in nursing is a process of looking after and giving attention to a patient or client in order to promote, preserve, maintain, and restore his or her health by providing comfort and compassion in the spirit of faith, hope, love and beauty. It involves the elements of nurturing in an inter-subjective and inter-personal relationship without any distinction of class, colour, creed, age, or sex. Intercultural communicative competence is paramount here.

The key aspects of care and caring

Tender loving care (TLC)

Care and caring require the key aspects love, devotion and commitment to co-operation and collaboration in partnership, based upon mutual respect and understanding, (Eriksson, 1987, 1993; Johansen, 1987; Johansson, 1983, 1988; Johanson, 1994; Leininger, 1988; Nightingale, 1969; Paterson & Zderad, 1988). Contemporary physicians have observed that cures of organic diseases are essentially brought about by good nursing care which encompasses these key aspects, (Osler, in Dubos, 1979:17), and often *there is a miraculous moment when the very presence of a [caring, competent] nurse, may be the most effective part of recovery*, (Peabody, in Dubos, 1979:18). The analysis of the total data in my research showed that tender loving care (TLC) is the essence of good nursing care, and of good nursing education, which is holistic and humanistic. Fundamental to TLC are the typically female attributes of gentleness of hand and heart and a desire to nurture and comfort maintaining at all times the integrity of the patient or client. These characteristics are however, not restricted only to women. Through a caring curriculum for education in internationalisation, the nursing teacher has an opportunity to foster and develop further these characteristics amongst student nurses of both genders. Tender loving care empowers the individual (patient or student) to bring forth his/her own inner strength to combat difficulties. Thus TLC ensures and enhances emotional growth, which is necessary for high self-esteem.

Holism

Holism refers to a total view of humankind; their nature and culture in their specific environment. 'Holistic' refers to an assumption that the whole is more than the sum of its parts, (Rogers, 1970). This assumption implies stretching the boundaries to encompass aspects, which lie beyond what is immediately accountable. It necessitates taking into consideration physical, mental, social, emotional, intellectual, cultural, and spiritual aspects, (Eriksson, 1988a; Yura & Walsh, 1983). When the whole is more than the sum of its parts, the result is often not what one expects on the basis of logical deduction, (Hawking, 1993). The whole person both expresses and requires much more than their isolated parts. The shared aspect holism from the major concept nursing makes the undergraduate nursing education pragmatic. It is contextual, ethical and aesthetic. It pays attention to democracy, equality and justice in the teaching situations in a loving and caring learning environment. Both teachers and students enjoy being involved in their tasks, (Dewey, 1916).

Humanism

Humanism is both a philosophy and an art, (Dahlberg, 1993). It enhances high self-esteem through believing in oneself, discovering self and one's own possibilities, and living in unity with ones surrounding, (von Wright, 1979). This is enhanced through support and guidance from a compassionate and caring environment, (Paterson & Zderad, 1988). The key aspect, humanism in nursing encompasses not only health and joy but also the suffering, sorrow, and pain that are also part of the human condition, (Dahlberg, 1993; Eriksson, 1987; Taylor & Watson, 1989). The shared key aspect humanism permits linkage to the other major concepts to permit a caring curriculum which aims at developing human potential to bring out the innermost strengths of the students. They thereby become whole persons as an act of self-actualisation to combat ignorance. They become aware of their own role and responsibilities to resolve global issues, (Burns, 1979a&b; Elfstrom, 1990; Freire, 1990; Frost, 1996).

Ethics

The key aspect ethic in nursing links all the major concepts together. In nursing all interventions are to be based on sound ethical judgement. Ethics, morals, philosophy, and metaphysics reflect the way one copes with different situations in private as well as in one's professional life. Education in ethics, morals, philosophy, and metaphysics is important for health care professionals, (Josephson, 1994; Engelhardt, 1986). It helps them to understand the point of view of the patient or relative, and thus be able to make ethical decisions, (Watson & Ray, 1988), based upon respect for the dignity of the patient or relative. Since maturity is a joint goal in educational, ethical, and clinical work, experience gained by the students from both theory and practice makes a contribution to ensuring and enhancing the educational aspects of moral maturity and education. This can create a commitment within the student nurses who have an interest in human values, attitudes and judgements, (Hvarfner, 1988). Moral maturity is necessary in order to be able to act as if one's maxim was to serve as a universal law for al! reasonable human beings, (Kant, 1969a&b). My research shows that ethical considerations concern the teachers too. The teachers are morally obliged not to waste the students' time, energy, and other resources. Every activity needs careful attention to its relevance for student's learning outcomes.

The combined analysis of the total data showed that the key component care and caring and the key aspects TLC, holism, humanism and ethics, are shared also by the major concepts undergraduate nursing education, internationalisation and health which illuminates the interconnected relationship of the major concept nursing with them.

The major concept Internationalisation (and Intercultural Communication)

In Sweden internationalisation has its roots in the vision of the late Prime Minister of Sweden, Olof Palme. His vision, expressed in the official document, (UKÄ 1974:21), was finally articulated in Section 2 of the Higher Education Act, (SFS 1977: 218). Researchers have found that 'internationalisation' is difficult to define, as the term is vague and yet complex. It comprises different realities and concepts according to those who use it, (Burns, 1979 a&b, Neckmar, 1982; Opper, 1979; Yebio, 1980 a&b, 1981; De Wit et al., 1995). Burns, (1979a), carried out extensive research in a comparative study of Australia and Sweden regarding internationalisation in higher education. For this she also investigated the attempts made at different universities in Australia, the United States of America, Canada, and different countries in Europe. She found that the term 'internationalisation' in education in Swedish is equivalent to the English term 'development education' used in America, Australia, Canada, Ireland, the Netherlands, and the United Kingdom. In French and German, the term translates into 'education for development'. The origins of 'development education' can be found in the information activities of fund-raising organisations who provide aid to the needy and poor in underdeveloped countries. In non-English speaking countries, 'third world action' was a term in common use. However, she found that almost all the people who used the term 'development education' agreed that it means more than just informing people about conditions in developing countries. Several approaches are therefore applied to embrace the interpretation of the concept of different sorts of education in cross-cultural, global, multi-cultural, peace, or environmental issues. Burns finally concluded that the meaning and the philosophy of internationalisation could be encapsulated in the word 'conscientization' which is the English rendering of the Portuguese 'conscientizacao' and is associated with Paulo Freire, (1974, 1990), and his education for the oppressed. Although the term 'conscientization' has its origin in Freire's work in Latin American adult literacy work, the term has come to be used by many as synonym for the fostering of awareness about one's role and responsibilities in society, locally, nationally and internationally, in order to resolve the global issues that threaten the survival of the human race and the planet Earth.

Regarding intercultural communication, Pattanayak, (1992) argues that *inter means between while communication means sharing through a dialogue. Intercultural communication therefore means sharing between cultures, where mutual respect is a prerequisite. A dialogue, in its true sense, between two people can only occur when there is mutual respect, appreciation for one another's worldviews, and a willingness to co-operate and collaborate in joint efforts by communicating interculturally.*

Communication is a human activity where discoveries are made for human use of human ideas, (Adkins, 1978). For communication between people from different cultures, researchers have previously used the terms intercultural-, cross-cultural-, international-, transracial-, transcultural-, and contracultural-communication. Most researchers now agree that the term 'intercultural communication' best captures the sense of what is involved, (Lundberg, 1991:38). Whenever communication takes place between individuals from different *experiential backgrounds that reflect a long-standing deposit of group experience, knowledge and values, with or without accompanying racial or ethnic differences, or when there are gross socio-cultural differences without racial or ethnic differences, it is intercultural communication,* (Samovar & Porter, 1976:25). Gudykunst & Kim, (1984:15), have argued that the underlying processes in intercultural communication are essentially the same as in *communication with the strangers, which implies communication with people who are unknown and unfamiliar, including people from another culture and people from our own culture or subculture who are in an environment new to them.* Hence, in the present dissertation, 'intercultural communication' takes place whenever two 'strangers' meet.

On the basis of these arguments, and bearing in mind that *at every meeting we are meeting a stranger,* (Elliot, 1967:157), it can be said that when receiving or seeking health care, patients or clients are always in a new environment where they encounter strangers. Similarly a student nurse is also always in a new environment, encountering strangers who may be her peers, teachers, instructors, or patients or clients and their relatives. Each of these individuals has his/her own ethnic culture or sub-culture, which may be patient culture, professional culture, organisational culture and so on. Thus during their training, student nurses are constantly involved in intercultural communication with peers, teachers, instructors, patients or clients, or relatives. Intercultural communication, in a broader perspective, takes place when two 'strangers' communicate with each other. The term 'stranger' refers to one who has come into face-to-face contact with the group for the first time. He or she may be a potential wanderer, who comes today and goes tomorrow, or may come today and remain with us permanently. The condition of being a stranger where intercultural communication is concerned is determined by the fact that it was *the first face-to-face meeting of individuals who have not known one another before,*' (Brink, 1976; Gudykunst & Kim, 1992:19; Spector, 1985).

Intercultural communication as a concept is complex, multi-disciplinary and multi-dimensional. It comprises several components: culture, communication, empathy, and inter-cultural communication. Each component possesses the characteristics of an intricate concept as an entity, involving several other concepts. Intercultural communication is related to human needs and motivation, and it can be experienced as being stressful, (Gudykunst & Kim, 1992; Lundberg, 1991). It is only when, through research, the complexity of the nature and the culture of a phenomenon is unfolded that the definitions and the meanings at the core of the concept becomes apparent, and can be articulated in order to describe the phenomenon. The analysis of the total data revealed that successful intercultural communication also encompasses love and ethic of intimacy which in turn provide linkage and access to the essence of the major concepts nursing and health. Below are described two key components and their key aspects contained within the major concept internationalisation.

The key components of Internationalisation (and intercultural communication)

Culture

Culture is perhaps one of the two or three most complicated words in English language, (Williams, 1976:76). Culture is central for understanding intercultural communication; it has wide implications for our daily encounters with other people, (Lundberg, 1991), because 'it controls our daily lives in many unsuspected ways,' (Hall, 1981a:30). Pedagogically, the term 'culture' can be viewed from anthropological and aesthetic perspectives. The anthropological perspective illuminates the differences between individuals, (King, 1966; Klein, 1989; Kleinman et al, 1981; Landy, 1977), while the aesthetic perspective emphasises fundamental unity despite the diversity of individuals, (Dewey, 1934:270-271, King, 1966; Nordisk Kultur Konferens, 1992; Paulsson, 1991; Papadopoulo, 1980). Understanding caring through the arts and humanities promotes alternative experiences of thinking and learning about holistic-humanistic nursing, (Chinn, 1994; Cohen, 1992; Cousins, 1979; Dahlberg, 1993; Darbyshire, 1994; Perry, 1984). Culture is a shared component, which also has innumerable shared key aspects such as traditions, habits, beliefs, myths, magic, religion, language, music, art and artefacts. Thus culture is difficult to describe fully in a single chapter, (Eriksson, 1993; Hall, 1984).

Although culture is the root of many conflicts it also offers the only possibility of reconciliation, (Mayor, 1993:45). It is necessary to create unity in diversity so that one day the children of the world may no longer be judged by the colour of their skin, but by the content of their character, (Luther King, 1964). They may then live with each other in peace and harmony as happy, healthy, human beings, sharing the resources of the Earth, as is intended by the goals of education in internationalisation. It is necessary to provide the student nurse with the ability to meet the immigrants with knowledge, understanding and respect, (Andersson, 1990; Bourdieu & Passeron, 1990; Dė Santis, 1994) and thus *to plan the educational process through a multi-cultural perspective,* (SIV, 1983:9). *The critical element in the expansion of intercultural learning is not the fullness with which one knows each culture, but the degree to which the process of cross-cultural learning, communication, and human relations have been mastered,* (Hoopes, 1981:20). Use of the arts as an educational device, for instance poetry, (Eckes-Peck,1993; Felice-Farese, 1993), painting, music, and dance, can illuminate the similarities between the different cultures and enhance understanding and appreciation of both the aesthetic and anthropological perspectives on culture to fulfil the goals of education in internationalisation in the context of nursing with tender loving care, (Gardner, 1993). Trans-cultural care plays a crucial role in the outcome of a disease or a disability by affecting the promotion, preservation, maintenance, and restoration of health, (da Silva & da Silva, 1988; DeSantis, 1994; Leininger, 1997).

Communication

Communication is a social process that enables people to live, work and play together no matter how varied nursing activities are or how specialised the techniques nurses use, the most important task of a nurse is communication with patients or clients, relatives, staff, and students, (Kron, 1967:3, 40). However, it is a complex process, as shown in Lundberg, (1991:23):

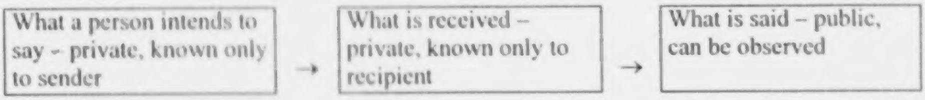

What a person intends to say – private, known only to sender
→
What is received – private, known only to recipient
→
What is said – public, can be observed

Figure 3.5. The complexity of the process of communication. (Lundberg, 1991:23).

Communication between human beings takes place as exchange of thoughts, feelings, opinions, ideas and information through spoken language (verbal communication), and unspoken body language (non-verbal communication). This is why it is of even greater importance to be aware that *What people are told is not nearly as important as what they think they have been told,* (Kron, 1967: 40). Non-verbal communication is influenced by spatial relationships, silence, active listening, time, and touch. An awareness of this is crucial in nursing, (Ashworth, 1980; Blondis & Jackson, 1982; Hall, 1981a&b; Hein, 1973; Lam, 1983; Pusch, 1983). Creativity brings forth the aesthetic forms of communication, which have universal attributes. This is essential for communication in nursing because *The adequacy of our words and the validity of our concepts are ever perplexing problems. ...People need a common universe of discourse; we require an index of shared symbols both in the abstract and in concrete situations in order to communicate...,* (Nelson, 1990:111&113). Communication in nursing is essentially intercultural communication. It can reduce culture clash and culture shock, (Blondis and Jackson, 1982; Brislin,1993; Lundberg, 1991). Education in (intercultural) communication in undergraduate nursing education is important, for example, when conducting individualised nursing processes, (Lawless, 1975; Thorell-Ekstrand,1994; Strandmark-Kjälsrud,1994); for communication, (Johanson, 1994; Johansen 1987; Sjöbeck, 1994; Strandmark-Kjölsrud, 1994); for providing information, (Cronk, 1975; Gunnars, 1991); for intercultural communication, (Ekman, 1993); and for aesthetic communication, (Burnside, 1973; Jansson, 1993;Wikström, 1994). Communicative competence in nursing is based upon an ability to empathise, have mutual respect, trust, devotion, and commitment, (Blondis & Jackson, 1982; Condon, 1984; Demos, 1984; Stainton, 1981). Learning to empathise is essential for care personnel, (Holm, 1985).

The key aspect of culture and communication

Creativity

Creativity refers to an ability to use imagination and inventiveness to produce new and original ideas or things. Creativity in any form requires sufficient sensitivity for the interactional process between hands (action), heart (emotions), and head (thoughts and ideas), (Fuglesang, 1982) to take place. The basic laws of colour, form, proportion, texture, and rhythm provide peace and harmony as a result of a creative process, (Rasmussen, 1959; Itten, 1991), which requires total concentration and commitment, (Csikszentmihalyi, 1990), for an aesthetic experience through perception. Creativity can promote, preserve, maintain, and restore the health of an individual, (Anker, 1991; Dahl, 1973; Nightingale, 1969; Wichman, 1981), because it is oriented towards innovation, constructive change, improvement, imagination, originality, uniqueness, and elegance in design or in solutions to problems. Creative persons are curious, inquisitive, inquiring, adventurous, flexible, spontaneous, open and sensitive to other peoples' ideas. They are visionary and determined, have a positive attitude, and give constructive criticism. These attributes are important for a professional nurse or midwife, and they can be inculcated through education with an emphasis on culture and communication, (Bevis & Watson, 1989; Csikszentmihalyi, 1990; Eco, 1986; Eriksson, 1993; Maslow, 1954, 1973; Paterson & Zderad, 1988; Schwartz, 1970; Wight, 1983).

The key component Peace and harmony

From a global perspective, there is a need for peace not only on Earth but also with the Earth, (Johansson, 1994). Peace and violence dictate conditions in society, at home as well as outside home and at work. The creation of peace requires committed and continuous efforts to prevent violence, whether domestic, societal, national or international. Peace once created does not last forever. Peace education received by student nurses when they were schoolchildren is not sufficient. Adult education for peace is essential, (Bjerstedt, 1988a&b, 1992, 1993; Fujita, 1995). It is therefore necessary also for professional nurses and midwives, who have the opportunities to create a peaceful world. Through their concern for the health of each individual in every society, they have the autonomy to make or influence decisions which affect local as well as global conditions. In the promotion of health, peace and harmony are fundamental necessities. Wars and conflict is detrimental to the health of individuals.

The key aspects of Peace and harmony

Conflict resolution and mitigation

Conflict resolution and mitigation is an art, which can be learnt. It is more important to determine what the conflict is about than who is the guilty party. To solve a conflict the parties must perceive the situation in a new way in order to allow mutual respect and a will to co-operate and collaborate to take hold, (Öberg, 1994). Using one's ability to cope with angry outbursts in order to resolve a conflict boosts confidence and allows a person to grow in maturity and self-esteem, because resisting violence and promoting peaceful behaviour becomes a habit acquired through informed choice rather than coercion, (Katz, 1995). Through health education the nurse or midwife has the opportunity to discuss, illuminate, support, and guide individuals to prevent violence and to promote health at a domestic, societal, national or global level.

Teamwork

Teamwork implies the ability of a group of people to work together effectively in a collaborative partnership to achieve a common goal. Teamwork in nursing implies working not only with other nurses, but also with members of a health care team who represent different professions. It implies working with different professional, ethnic or sub-cultural groups. Within nursing, a failure of teamwork can lead to misunderstanding, antagonism, and poor performance despite the fact that all share the same common philosophy of *To cure sometimes, to relieve often, to comfort always,* (Anonymous, in Strauss, 1968). To work towards this common aim requires, from every team member, attitudes and values that are free from prejudice and stereotype in order to enhance their ability to communicate interculturally.

The combined analysis illuminated that the key components of the major concept internationalisation: culture, communication and peace and harmony together with the key aspects: creativity, conflict mitigation and teamwork are important for the major concepts nursing, undergraduate nursing education and health also. Thus they make linkage and access possible for the major concept internationalisation to become interconnected with the other major concepts.

The major concept Health

> *Health is not bought with a chemist's pills*
> *Nor saved by the surgeon's knife.*
> *Health is not only the absence of ills,*
> *But the fight for fullness of life.*
>
> (Piet Hein, source unknown)

Health is not mearly absence of a disease or a disability, (Eriksson, 1981; Eriksson, 1988 a & b, 1989; WHO, 1947). For every individual the concept of health is both objective and subjective, (Eriksson, 1988a&b, 1989; Rudebeck, 1992). The feeling of health and well being has a complex bio-medical and a socio-cultural context. It is experienced when the basic needs of an individual are met. These needs are physical, mental, social, cultural, emotional, intellectual, and spiritual. Health is influenced by socio-political, economical, educational, ecological, and cultural factors, (Dahlgren, 1991; Eriksson, 1993; Socialstyrelsen, 1994:9; Johannisson, 1990; Nordenfelt, 1993). It enhances quality of life by adding life to years as well as years to life, (Eriksson, 1981; HS 90; WHO, 1978-1992). To be healthy is a basic desire of every individual. Fundamental to health is faith, hope and love, (Cousins, 1989; Eriksson, 1993; Siegel, 1990a&b). Health is thus a dynamic, complex and a multi-dimensional concept that varies from individual to individual. As such it also has bearing on an individual's values and attitudes towards life and well being in general. The higher the quality of life, the better the health status of an individual. The higher the educational and socio-economical standard of an individual, the higher the quality of life. For these reasons the poor, the underprivileged, and immigrants often suffer from poor health status, (Sundquist, 1994).

As shown above, there is considerable current research, which shows that 'health' is a difficult term to define. It can be measured objectively in biomedical terms as well as subjectively as an individual's experience. For undergraduate nursing education, the emphasis is on preparing student nurses to become professional nurses who can impart health education to patients or clients to promote, preserve, maintain, and restore health. Thus issues related to the health of an individual are important for the curriculum of undergraduate nursing education. From a teaching perspective, when designing a curriculum, the promotion of students' health for emotional growth is one of the central goals of education in general, (Dewey, 1980; Pestalozzi in Svedberg & Zaar, 1993; Steinberg, 1976, 1983). Therefore, in nursing education, awareness of health becomes particularly important if the student nurses are also to be trained to impart health education. On the other hand, awareness of the promotion of the student nurses' own health is also important when planning and organising the curriculum, (Bevis & Watson 1989; Chaska, 1983; Knowles, 1985, 1989; Nightingale, 1969). Thus there is a dualism in the task of the teachers who are involved in Swedish undergraduate nursing education.

The heart of nursing is the 'health' of the individual because nursing is committed to provide care and caring to enhance and ensure the holistic health of the individual. The ultimate goal of the nursing process is to promote, preserve, maintain, and restore health. If nursing is the principle subject in the curriculum for Swedish undergraduate nursing education, then it is self evident that all activities in the curriculum should be directed with a view to enhancing teaching and learning about issues related to the health of the individual. *It is the privilege of a nurse to be a co-worker in an organisation which functions to help the sick to regain health, as well as in that where efforts are made to prevent diseases and misery, and care for the healthy so that they may preserve their health,* (Giertz, 1967).

For internationalisation, the health of the individual is of central concern. The ultimate aim of internationalisation in all education is the preservation of the human race, (United Nations, 1947). This can only occur if the individuals who inhabit the Earth are able to enjoy good health and not to perish from the effects of health hazards. 'Survival of the fittest' implies that only those who are able to adjust to their environment are able to survive, (Darwin, 1972; Matthew, in Darwin 1972:vi). Therefore, for internationalisation, the health of the individual is of central concern. On the other hand successful intercultural communication in nursing enhances the well being and health of both the patient and client and the nurse, (Brink, 1976; Leininger, 1977-1984, Spector, 1985), by reducing stress, (Brislin, 1993; Gudykunst & Kim, 1992). This in turn promotes the establishment of the trusting interpersonal relationships necessary for a successful nursing process in co-operation and collaboration between the patient or client and relatives, and the nurse or midwife.

The key component of Health

Life style

The component 'lifestyle' (Lebensstil), first appeared in *Problems of neurosis*, by Adler in 1929, (Coreil et al., 1985). He employed the word to replace 'guiding line' and 'life plan' (Lebensplan) in order to refine his notion of the individual as a purposive actor in life. *Lifestyle, in essence, is a socio-cultural concept ...and has relevance for understanding and addressing health problems,* (Coreil et al., 1985:432). The words 'lifestyle' and 'health education' are closely connected, and have socio-medical as well as socio-cultural implications. The prime object of health education is to affect the total lifestyle of the individuals in order to promote, preserve, maintain, and restore health. The lifestyle of an individual reflects their culture based early childhood experiences and their worldview, (Helman, 1984). Therefore lasting changes in lifestyle can only be brought about from choice rather than by coercion, (Tones et al., 1990). Health education through successful intercultural communication for awareness, (Freire, 1990), and social learning (Bandura, 1977), to enhance the self-esteem of the student, patient or relative concerned is essential. Health education is concerned with promoting health to prevent ill health. The total situation is taken into consideration. Attention is paid to bio-medical, socio-cultural, economical, ecological, and political factors which influence the total lifestyle of an individual, (Lalonde, 1974). These factors have a particular bearing on 'strangers' who are suffering from culture shock and are making efforts to adjust to a new environment, (Furnham, 1989; Kristal-Andersson, 1985).

The key aspects of life style

Needs and motivation

Needs and motivation are the gratification of basic human needs; physiological needs, safety needs, a need for belonging and love, for self-esteem and self-actualisation, and an aesthetic, (Maslow, 1954). Personality development and motivation for cultural behaviour are important in developing an ability to interact inter-culturally, (Brink & Saunders, 1976; Gudykunst & Kim 1992; Lundberg, 1991; Spector, 1985; Yura & Walsh, 1983), in order to meet the goals of holistic health education. The prerequisites are the fundamental human rights: *the freedom to speak, to express oneself in any other form, freedom to search and seek information, freedom to defend oneself, freedom to receive justice, fairness, honesty and orderliness in the group,* (Maslow, 1954:92). Gratification of basic needs is essential to motivate patients to participate actively in the resolution of their health or global issues. This also implies paying attention to the patient's immediate environment, which may be hostile towards strangers.

Environment

Environment, whether local and global, refers to the physical and social conditions which surround individuals at home or at work, and which influence their total being and doing; their feelings, personal development, actions, and interactions. Health educational efforts are directed towards improving and enhancing the individual's immediate bio-psycho-social environment as well as towards affecting lifestyle characteristics, and reducing stress among workers, (Craft, 1994; Docherty, 1994). Environmental education inculcates amongst the student nurses a sense of responsibility and a spirit of solidarity, making them aware of their economic and ecological interdependence. The students, instead of feeling cut off from the community, find themselves situated in the heart of it. They become motivated and willing to play a positive role in collective actions to improve the environment, - local, national, and global - both in private and professional life, (UNESCO, 1980). Care of the planet Earth is a concern of us all. We must all *Treat the Earth well. It is not given to us by our parents. It is lent to us by our children,* (Kenyan proverb). Furthermore, a harmonious learning environment is essential for meaningful life long learning experiences, (Holmberg, 1994).

A shared key component of all the four major concepts

Total Quality Management (TQM)

Total quality management (TQM) for quality assurance has been defined as the degree of excellence in performance, (Kitson, 1988). It is the extent to which that which is done is in agreement with established criteria and standards for good care and education, (SPRI, 1987). Within undergraduate nursing education TQM can bring about 'steep slope' improvements in learning achievements. Two factors which contribute to the success of TQM in higher educational programmes are relevant content, and a suitable didactic approach, (Morgan & Murgatroyd, 1994), that needs to be directed towards meeting the goals of the curriculum, (Husén, 1992, 1994; Onander, 1995). Knowledge about the fulfilment of the goals is obtained through results of examinations whose form, planning and organisation ought to be such as to provide a contextual learning experience, (Torwald & Dahlgren, 1993), the extent of which can be discovered through evaluation, (Askling, 1984, 1987; House, 1981; Franke-Wikberg & Johansson, 1976; Franke-Wikberg & Lundgren, 1980; Lundgren, 1980, 1981; Onander, 1995), and where feedback serves an important purpose for making changes that bring about improvements within the curricula, (Dahlgren, 1982; Torwald & Dahlgren, 1993; Forsberg et al., 1984; Onander, 1995). Total quality management is a dynamic process. It has the capacity to recognise the value of everyone's contribution, which influences enthusiasm, commitment, initiative, and self-development, (Illich, 1971). It stimulates group dynamic, and encourages team spirit for co-operation and collaboration over cultural boundaries, which in turn ensures and enhances quality education through partnership, (Morgan & Murgatroyd, 1994), when peer learning is encouraged in groups, which results in better performance by each participant.

In Sweden TQM is emphasised in all nursing interventions, (SOFS 1993:9). The data from the six studies showed that TQM in undergraduate nursing education ensures and enhances within each student the learning outcomes concerning both nursing and internationalisation. The analysis of the total data showed that TQM ensures and enhances the quality of the undergraduate nursing education so that internationalisation becomes both a goal in itself and means to reach the other goals of the undergraduate nursing education. Total quality management thus establishes the interconnected relationship of the major concepts undergraduate nursing education, nursing, internationalisation and health.

Conclusions of the major concepts and their relationships

My research pivots around four major concepts ***undergraduate nursing education, nursing, internationalisation***, (which includes ***intercultural communication)*** and ***health***, as the nucleus, binds together the ideologies of each major concept. The major concepts are compatible and connected with each other within the framework of my research in internationalisation in Swedish undergraduate nursing education, (see also chapter 6). The linkage and access to one another is made possible by the shared key components and their key aspects. Examples of these are shown in figure 3.6 below. On the basis of analysis of the data from Studies 1-6, it is concluded that the major concepts, the key components and the key aspects which are described in this chapter are important and have a specific meaning in my research, (Glaser & Strauss, 1967). They contribute by making the incorporation of internationalisation into the curriculum concrete, by making it apparent as *holistic rather than atomistic, dynamic rather than static, purposive rather than simply mechanical*, (Maslow, 1954:27). This makes it meaningful and contextually relevant. The shared component TQM plays an important part in this respect.

An overview of the examples of key components and their key aspects contained within the major concepts

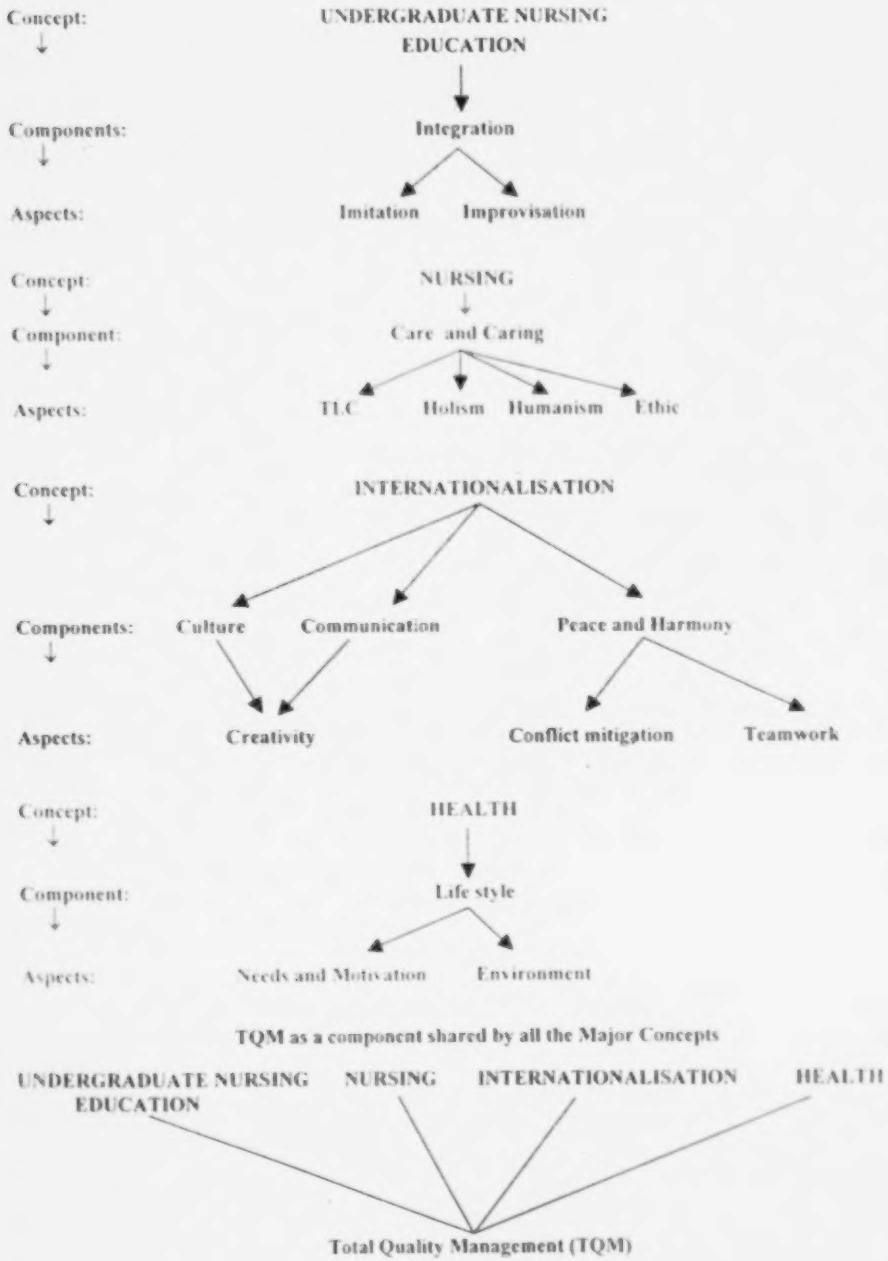

Concept:
UNDERGRADUATE NURSING EDUCATION
Components:
Integration
Aspects:
Imitation
Improvisation
Concept:
NURSING
Component:
Care and Caring
Aspects:
TLC
Holism
Humanism
Ethic
Concept:
INTERNATIONALISATION
Components:
Culture
Communication
Peace and Harmony
Aspects:
Creativity
Conflict mitigation
Teamwork
Concept:
HEALTH
Component:
Life style
Aspects:
Needs and Motivation
Environment
TQM as a component shared by all the Major Concepts
UNDERGRADUATE NURSING EDUCATION
NURSING
INTERNATIONALISATION
HEALTH
Total Quality Management (TQM)

Figure 3.6. Examples of the intricacies of the major components. (Adatia-Sandström, 1997 ©.)

Chapter 4

THEORETICAL ANCHORAGE

Just as no single theory of learning can account for all learning, so there can be no single theory which can entirely account for all learning in relation to nursing.(Alexander, 1983:34)

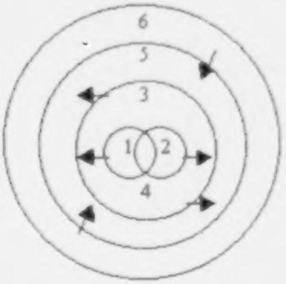
My research is concerned with solving the pedagogic questions, which arise when incorporating internationalisation into Swedish undergraduate nursing education. Swedish undergraduate nursing education can be viewed in many different ways. In my research it is viewed as teaching activities specifically aimed at internationalisation in the context of nursing with tender loving care. The analysis of data revealed that the distinct activities for internationalisation needed content and approach that created specific learning conditions so that traditional teaching does not become the sole educational activity, but only one of many used to provide learning opportunities. Even working conditions during the study of theory as well as practice offer the chance to acquire experience, to build up knowledge, and to learn different things to achieve the skills needed for successful intercultural interactions, (Löfberg, 1989). Here ***didactics*** is the interactive phase of teaching which involves establishing a relationship between teacher and students, and between students and their peers. It is in the confrontation between teacher, student, and subject matter that the artistry of teaching comes into play so that all activities, in theory as well as in practice, are meaningful and contextually relevant, and bring about cognitive, affective and effective changes within the students, thus realising the goals of the curriculum. A didactic strategy calls attention to the basic questions, *who makes the decision about changes in the curriculum and on what grounds, and how these decisions are to be realised in practice?* These questions arise when the teacher is confronted with the planning and organising of the content and teaching approach to be used within the framework of the curriculum, (Forsberg et al., 1984; Stockfelt, 1977). On the basis of these arguments, a sound theoretical anchorage is necessary for my research.

As described earlier I have an open minded ethnographic approach in this research. This means that my research is not confined to any particular theory. From the analysis of data in Studies 1-6, a combination of theories have emerged to provide the basic theoretical anchorage (Glaser & Strauss, 1967), for the teaching of internationalisation in the context of holistic-humanistic nursing with TLC. The theoretical anchorage for educational theories formed through my research is a result of viewing and analysing the data through the perspectives described in Chapter 2. The anchorage is complex, a complexity that lies in the fact that each theory exists both as a separate entity and as intricately entwined with the other theories within the educational settings referred to in my research. Each theory is sensitive to other theories. Each theory both influences and is influenced by the other theories. In so doing, they all share specific educational considerations which are important for incorporating internationalisation into the curriculum for student nurses.

In this chapter the theories are first described. There then follows a brief account of the educational considerations that were most prominent in the data of Studies 1-6. They are of significance for a ***didactic strategy*** (Chapter 8:1), to provide support and guidance for incorporating internationalisation so that it becomes manageable in systematic logical steps. In conjunction with the key components and aspects described in Chapter 3, the theoretical anchorage (with its theories and educational considerations), strengthens the research framework (Glaser & Strauss, 1967), which is described in Chapter 2.

The Educational Theories

In my research two theories have emerged as fundamental for teaching internationalisation in undergraduate nursing education. These are the ***communication of innovation theory***, (Tones, et al., 1990), and the ***adult education theory***, (Knowles, 1980, 1989). At the heart of these two theories lie the ***stimulus-response theory***, (Skinner, 1971) and the ***learning modes theory***, (Bruner, 1966). Enclosing these four theories is ***learning by doing theory***, (Dewey, 1916). These five theories, in turn, are supported by several other educational theories. The complexity of the theoretical anchorage is illustrated in Figure 4.1. If the theoretical anchorage were to be represented by a circle and viewed as a horizontal cross section, then several rings would appear. At its centre would lie two rings, closely connected to each other, representing the stimulus-response theory, (Skinner, 1971) and learning modes theory, (Bruner, 1966). Around it would be a ring representing the communication of innovation theory, (Tones, et al., 1990), and adult education theory, (Knowles, 1980, 1989). Yet another ring would enclose all these rings to represent learning by doing theory, (Dewey, 1916). The outer ring would represent the additional theories that provide support to varying degrees at varying levels of depth in the educational process. The arrows indicate how they interact.



1. Learning modes theory (Bruner, 1966)
2. Stimulus-response theory (Skinner, 1971)
3. Communication of innovation theory (Tones et al., 1990)
4. Adult education theory (Knowles, 1980, 1989)
5. Learning by doing theory (Dewey, 1916)
6. Additional theories

Figure 4.1. The theoretical anchorage. The arrows indicate the direction in which the theories interact within the educational process. (Adatia-Sandström, 1997 ©.)

Learning modes theory

Bruner's learning modes theory deals with teaching and learning strategies. These are 'enactive', meaning learning through a set of actions; 'iconic', or learning through images and diagrams; and 'symbolic', or learning by going beyond what is immediately perceptible. A teaching approach that combines all three modes of learning has a greater potential for reaching all the students; those who are visual learners, who learn by seeing, reading, or observing demonstrations; those who are auditory learners, who appreciate verbal instructions, musical examples or recordings; and those who are kinaesthetic learners, who develop knowledge and skills by feeling, participating and becoming directly involved. Bruner also argued that learning is enhanced if knowledge is imparted successively from a simple concrete to a complex abstract level. My research showed that the goal of teaching internationalisation is to develop within the student nurses intercultural communicative skills so that they can learn to understand and appreciate the impact of culture on daily life. It is argued that Bruner's learning modes theory facilitates the didactic process within undergraduate nursing education. It creates a dynamic from a lower, orientational, concrete level to a higher, professional, abstract, theoretical level which is developed successively throughout the curriculum.

Stimulus response theory

Skinner's operating conditioning theory describes learning as a partnership between stimuli and responses. Behaviour is seen as externalised thought, a manifestation of a stimulus-response coupling, which is fundamental to bringing about behavioural changes in all individuals, whether children or adults. Amongst the student nurses, changes in connection with teaching internationalisation are observed in the shape of a swift, professional performance of a task, in nursing interventions that are conducted through successful intercultural communication, in the praise of the teacher or supervisor, and in their acceptance by their peers, staff, and relatives. All this is responsible for increasing student self-esteem. This results in changes in behaviour as a result of each student's self-awareness, and leads to changes in his or her values and attitudes towards strangers. The behaviour of the student nurses *is shaped by reinforcing each progressive step... Shaping requires that teachers accept less than perfect renderings of a [given task] and dispense approving remarks for responses...that approximate, the desired performance behaviours.* (Shehan-Campbell, 1991:88). The stimulus-response theory assumes that learning is environmentally affected as a result of nurturing (caring with TLC) by the people and the environment that surrounds the student nurses.

Communication of innovation theory

Communication of innovation theory enhances life-long learning by groups or individuals. It stimulates the participants to adopt new ideas or practices chiefly to influence lifestyle in daily life (both private and professional). The innovative ideas need to be relatively simple so that they can be readily assimilated into the existing framework of the curriculum, and it must be easy to assess and observe the outcomes. The specific characteristics of innovation are: relative advantage; compatibility; complexity; the possibility to test; and the possibility to observe. This implies that the teachers and students are more willing to adopt the proposed innovations if the changes 'have benefits for them; are compatible with their educational programme, lifestyle and culture; are not too complicated; are relatively easy to try out without fully committing themselves; and if they can readily and quickly observe the benefits.' The rate of adoption of innovative ideas is invariably S-shaped, a shape is determined by the differential rate of adoption of the innovation by the target group. The base of the S-shape is formed by those who are innovators and early adopters. The middle is represented by the early majority. Topping off the S-shape are the late majority, and, last of all, the few who remain doubtful and need more time, (Tones et al., 1990).

Adult education theory

In a rapidly changing world in an age where the explosion in knowledge is unavoidable, where the technological revolution is progressing by leaps and bounds, and where social policies increasingly permit equality of educational opportunities to all citizens, adult education within the higher educational system has been redefined. It has a mission to produce competent people who are able to apply their knowledge under changing conditions, and who continue to learn after successfully completing the educational programme. Lifelong learning is thus an important goal of adult education, as it permits understanding of the self and of the world as a mature person, (Knowles, 1980,1989). *A mature person...is not one who knows a large number of facts. Rather, he is one whose mental habits are such that he grows in knowledge and the wise use of it.* (Overstreet, in Knowles, 1980:29).

Knowles, (1980), describes fifteen dimensions of maturity as the outcome of successful adult education. It is normal for an individual in the process of maturing to move from dependency to self-direction. However the rate at which this takes place can vary between different individuals and different circumstances of life. Adults have a strong need to become self-directing, although they may be dependent upon particular, temporary situations, for example during the orientation period. The principle task of the adult student's teacher is to provide a learning environment which is conducive to adult learning needs and expectations. The preconditions of adult learning are: *the learner feels a need to learn; the learning environment is characterised by physical comfort, mutual trust, respect, and helpfulness, freedom of expression, and acceptance of differences; the learners perceive the goals of a learning experience to be their goals; [and] the learners accept a share of the responsibility for planning and operating a learning experience, and therefore have a feeling of commitment towards it*, (Knowles, 1980:57). Adult education is conducted by fulfilling the needs of the individuals, the curriculum, and society. Gratification of basic human needs enhances the inner health of the learner which, in turn, is necessary for him or her to participate actively in the learning process for maturation.

Learning by doing theory

In the present research, Dewey's learning by doing theory, encapsulates the previously mentioned four theories. Learning by doing implies that the students learn about internationalisation in the context of nursing by experiencing the impact of culture in their daily life in the context of TLC as experiential learning i.e. learning by doing through an innovational, caring curriculum for adult undergraduate nursing education to incorporate internationalisation. The didactic strategy thus contributes to the process of awareness amongst both the teachers and the students.

Additional theories

In combination, the five aforementioned educational theories provide a broad base within the framework of the present research. The theoretical anchorage further encompasses a combination of other theories which become necessary when one bears in mind the major concepts, the shared components and the key aspects described in Chapters 3:2 and 3:3. Examples of the theories that thus become significant are: Bandura (social learning); Bevis & Watson (caring curriculum); Buscaglia; Cousins; Siegel, (arts and love); Carper, Eriksson, and Johansson, (nursing knowledge and nursing education); Comenius & Pestalozzi (integration of theory and practice); Cooper, and Lennéer-Axelson & Thylefors (group process); Cross (lifelong learning); Csikszentmihalyi, (creativity, concentration, attention and flow); De Buno (how to think); Freire, ('conscientization'); Gardner (multiple intelligence); Goleman (emotional intelligence); Hall, Hoopes, Pusch, and Lundberg (intercultural communication); Kant (ethics and aesthetics); Kolb (experiential learning); Luzanov, (suggestopedia); Maslow (needs and motivation); Piaget (accommodation assimilation and internalisation); Roald ('Tarbiya' or holistic education); Roger (freedom to learn); Socrates in Plato (aesthetics, dialogues, and seminars); and Schön (reflection on action).

The Educational Considerations

The data in Studies 3-5 showed that the aforementioned theories collectively provide anchorage. They are directed towards bringing about cognitive, affective and behavioural changes in the student nurses. For these outcomes, the theories pay specific attention to certain ***educational considerations***. These were discovered, (Glaser & Strauss, 1967), as key concerns, (Blumer, 1969), for the educational process where it concerns internationalisation. The most prominent educational considerations that were found in data of Studies 1-6 are described below. They are significant because they are essential to fulfil the goals of higher education (and therefore of undergraduate nursing education) in general and of internationalisation in particular, (Chapter 6).

Knowledge and skills

Swedish undergraduate nursing education has as its goal the provision of knowledge and skills through a research-based content and approach, resting upon a sound ethical code, and a fair evaluation that prepares the students for a professional life in nursing, (Forslund, 1993). Nursing knowledge has been defined differently by different researchers. Basic to all is the theory that the 'patterns of knowing in nursing' are empirical, aesthetic, personal and ethical, (Carper, 1978). The body of knowledge which is unique to nursing is accumulated from all patterns of knowledge, which means that where undergraduate nursing education is concerned, all patterns of knowledge need to be employed so that the students acquire 'research-based professional nursing knowledge,' (SFS 1977:218). For health education, for team work, and for participation in society as a global citizen, learning to interact with the environment is necessary. Thoughts, feelings and behaviour are influenced by observations and direct experience, but this does not mean that there is an automatic transition to knowledge. The students need to be reminded to reflect upon the influence their own experiences have on their learning, (Burnard, 1989; 1992). The social learning theory of Bandura, (1977) offers support in this respect since the classroom as well as the clinical environment gives the students the chance to create an actual learning situation. Another distinguishing feature of social learning theory is people's ability to control their own behaviour. Knowledge and skills required within the field of internationalisation in the context of nursing means 'knowing that' (facts), and 'knowing how' (skills), (Benner, 1984), acquired during both theory and practice from nursing staff, peers, teachers, patients, and relatives, (Eriksson, 1988a & b).

Awareness

To fulfil the intentions of the official documents governing internationalisation in undergraduate nursing education, the emphasis on awareness (conscientisation) is twofold, regarding each student's role in society both as a responsible global citizen and as a professional nurse: the first is necessary so that they can participate actively in resolving the global issues in private and professional daily life; the second so that they actively participate in developing the profession and nursing's knowledge and skills. *Conscientization is the deepening of the attitude of awareness characteristic of all emergence*, (Freire, 1990:81). The term 'conscientisation' refers to the act of learning to perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality. Conscientious individuals have a broader world view and can employ their ethical judgement in decision making. The pedagogical approach to awareness as conscientisation is employed in concrete situations where the student *cannot remain passive because, subjectivity and objectivity join in a dialectical unity producing knowledge in solidarity with action and vice versa*, (Freire, 1990:17). It is a dialogical and problem-posing education which aims at preparing the student *who is not afraid to confront, to listen, to see the world unveiled...to meet the people or to enter into dialogue with them...or to commit himself...to fight*, (Freire, 1990:19), for the oppressed, the weak, the aged, the sick and the disabled. It allows the adult student freedom to learn, (Roger, 1969), and time to reflect, (Schön, 1983), in order to create and construct, to wander and venture, for the liberation of his or her inner potential through experiential learning by doing, (Dewey, 1966, 1980) . The student emerges as a new person with high self-esteem, a raised level of consciousness, changed in attitudes, values, and maturity, and aware of his or her role in society as a responsible world citizen, (Buber, 1994; Burns, 1979a & b; Eriksson, 1993; Freire, 1990; Roald, 1994; Tones et al, 1990). The Swedish undergraduate educational curriculum has a dual task. Firstly, to 'conscientise' (make aware) the student nurses in their own role and responsibilities in resolving global issues. Secondly, to teach them, as future professionals, how to 'conscientise' their patients about healthy lifestyles, so that they too can participate actively in society to resolve global issues. Lifelong learning in this case implies learning by doing to ensure and enhance awareness.

Emancipation means to become free in body, mind, and spirit from social, political or legal ties which have acted to oppress the individual; and it is 'conscientization' that leads to a three-dimensional process of emancipation in undergraduate nursing education. The first dimension is that of the release of each student nurse as an individual from the bonds that tie them to the traditional, narrow outlook on life and to a limited world view. They have been exposed to this limited world view through a process of 'enculturation', prior to embarking upon their undergraduate nursing course. The second dimension is that of the student nurse becoming aware of their rights and responsibilities in society, both as a responsible world citizen and as a professional who provides an important service to society. The third dimension is that of learning and practising the teaching of holistic health to patients so that each has self-care abilities and can actively participate to resolve their health problems and thereby global issues, (Freire, 1990). The combination of the three-dimensional effects results, among both patients and nurses, in higher self-esteem. Here both the nurse and the patient grow, (Norberg, 1983; Orem, 1979; Peplau, 1991). For the nurse it leads to the emancipation both of self and profession, to an improved image of nursing in society which influences the status and salary structure of professional nurses and midwives. In this connection, the 'genus perspective' becomes unavoidable in the curriculum for nursing education.

Globalisation involves both objective and subjective processes; as a term it comprehends both to the compression of the world and the intensification of the consciousness of the world as a whole. As a result there is an increased awareness of global interdependence that, in its turn, stems from an awareness that the world is an arena in which we all participate, that we are all part of something bigger, (Friedman, 1994; Hawking, 1993). The vulnerability of the planet became visible to each and every individual when the technology made it possible to take photographs of the Earth from space. Out of this grew an awareness of globalisation, an awareness that each individual is a global citizen with the responsibility to resolve global issues in partnership across cultural and national boundaries.

Conflict solving

Conflicts occur when there is a change in patterns of communication. The underlying cause may be prejudice and stereotyping where the relationships between different personalities clash over culture, gender, age, or misuse of power. The clashes are often between people who approach the same situation in different ways; for example, people who are rigid in their ways find it difficult to work with those who are flexible, or have differing opinions or personal habits. The solution is to negotiate for a 'win-win outcome' by recognising the existence of a problem and understanding each other's position; discussing the problem and possible solutions; and resolving the problem in a mutually acceptable way, (Edelman, 1993).

Effective conflict solving is the reigning paradigm within peace education during the 1990s, (Zuber, 1994).

Practical ethics

For a student nurse, ethics play an important part in solving the problems of daily private and professional life. With a view to education in internationalisation and intercultural communication, humility and humbleness are important aspects. The moral law of Kant makes one humble and provides *a way of transcending our inward-looking concerns and identifying ourselves with the most objective point of view possible...the point of view of the universe.* (Singer, 1982:219), so that student nurses can become more aware of their situation in the world and thus become more reflective about their purposes. 'Do unto others what you would they do to you', becomes more than a cluster religious of words.

Thinking and reflecting

Thinking is what happens when a person solves a problem. It produces progression that moves the individual from the given state to the goal state. Problem solving is based on a cognitive process that results in finding a way out of a difficulty, a way around an obstacle, attaining an aim that was not immediately attainable, (De Buno, 1978). Reflecting upon actions planned and actions taken contributes towards the further development of knowledge and skills, (Schön, 1983). By learning how to think, feel, and reflect, deep learning skills are enhanced for contextually relevant, lifelong education. Students need time to think and reflect upon their new knowledge about the importance of culture and cultural differences. It prepares them to serve as a facilitator or catalyst in contacts between cultures, (Brislin, 1993; Hall; Hall & Hall, 1981-1990; Lam, 1983; Lundberg, 1991; Pusch, 1983).

Group dynamic, or the personal relationships at work amongst group members during teamwork, co-operation, and collaboration, is difficult to develop in large groups. Group dynamics within a group follows certain specific stages, (Cooper, 1975; Lennèer-Axelson & Thylefors, 1981). Knowledge of group dynamics facilitates cognitive, affective, and effective learning through dialogue leading to co-operation and collaboration with peers, teachers and staff over cultural boundaries, and simultaneously becomes education for peace, leadership, and above all for managing conflict, an essential for student nurses who eventually will be professional leaders working in close contact with many different people, for example in teamwork.

A holistic, humanistic, caring curriculum

The theoretical anchorage promotes an holistic, humanistic, and caring curriculum (Bevis & Watson, 1989; Eriksson, 1988a&b, 1993; Paterson & Zderad, 1988), which 'conscientizes' the students so they learn that we all share humanity, personal dignity, human rights and aspirations, and a common future destiny, (Bevis & Watson, 1989); it is this that is the aim of teaching international understanding. A holistic, humanistic, caring curriculum enhances adult learning in a harmonious environment in co-operation and collaboration with their peers and teachers. It enables co-operative learning in small groups, through dialogue based upon mutual trust, respect, openness and love, to provide lifelong learning skills. Deep approaches to learning means that the students grasp the fact that the curricular subjects deal with the same reality as their professional and private daily lives, so that they apply and make use of their knowledge and skills in practice and evaluate them critically, (Marton et al., 1977). A caring curriculum pays attention to the aforementioned educational considerations.

Conclusions

Studies 1-6 revealed the theoretical anchorage and educational considerations of this thesis. A complex theoretical anchorage unfolded and grew in each empirical study as the research progressed. It provides support and guidance in solving the methodological problems of teaching internationalisation, and at the same time permits due attention to be paid to those educational considerations that are significant for undergraduate nursing education. My data shows that the theoretical anchorage and educational considerations permit flexibility, care and caring, and humanity in planning and organising the syllabus, at least as far as the content, teaching methods, examinations, feed back and evaluation goes. Its essence is to foster critical thinking, co-operation, tolerance, and appreciation of culture amongst the students. This contributes to personality development, not only through how one thinks, but also through how one feels and experiences, and serves *to educate and refine the character of each student as an investment of human capital in a society which does not yet exist*, (Husén, 1994:273-4). Its ultimate goal is to improve quality of life, (Cross, 1983), where students are the agents of their own education, (UNESCO, 1976). Adult education is enhanced through dialogue, and through self-studies to seek knowledge, (Borgen, 1983; Borgström, 1988; Freire, 1974, 1990; Knowles, 1980). Incorporating internationalisation into Swedish undergraduate nursing education involves the adoption of innovative ideas for a caring curriculum with TLC. The arguments made in Chapters 2 and 3 have significance for the theoretical anchorage described in this chapter for incorporating internationalisation in the context of nursing with TLC into the curriculum of Swedish undergraduate nursing education. In turn the theoretical anchorage strengthens the research framework described in Chapter 2.

Chapter 5

THE METHODOLOGICAL APPROACH

Science is the search for the rules, which summarise most succinctly why everything is the way it is and how things happen. (Wallerstein, 1987:323).

The aim and perspective of my research has guided the multi-method approach I used when conducting the empirical studies. In its full form the methodological approach consists of three intersecting micro-ethnographies: an ethnography of policy, an ethnography of research and an ethnography of practice, (Rothermel, 1996). Through each of these I explore the dynamic relationship between policy makers, researchers and teachers as they formulate and facilitate curricula and objectives for teaching internationalisation in Swedish undergraduate nursing education. My overall ethnographic approach demands openness to research design, research methods, data and results of analysis without being confined to a specific theory or hypothesis. My multi-method approach is a combination of ideas derived from action research, ethnography, grounded theory, historical research, phenomenography, phenomenology and surveys with questionnaires.

The ideas from qualitative research methods that I have employed are particularly suitable for research into nursing and nursing education (da Silva & Andersson, 1989; Diers, 1976; Eriksson, 1993; Leininger, 1984), and they have been employed increasingly since the mid-1970s when aspects of quality assurance began to be emphasised, (Diers, 1976; Onander, 1995). Ideas from qualitative methods with an ethnographic approach have allowed me the freedom from standardised procedures, and have provided both possibilities and challenges in developing my methodological approach to suit the unusually complex nature and culture of my research topic. In this way, an ethnographic, multi-method approach has permitted me to draw on a wide range of sources of information for making reliable conclusions, (Bernstein, 1996; Feyerabend, 1988; Hammersley & Atkinson, 1995; Thomas 1993).

Qualitative multi-method research approach

Research through qualitative methods means *research that produces findings not arrived at by means of statistical procedures or other means of quantification,* (Strauss & Corbin, 1990:17). Data collected using qualitative methods is transcribed as text rather than as figures. Qualitative data is textual, and cannot be expressed as numbers. Qualitative analysis requires an objective attitude, free from bias; an ability to view data critically. It requires that one keeps one's distance, and yet, through the intimacy of one's own past experience, that one recognises the meaning of the text. Through intuition, insight, and understanding, the essence of the text is revealed and categorised in those terms which are most logical for the data it represents. The categories provide a foundation for generalisations used to build new knowledge. The key components of the qualitative method are data, analytical procedure, description, and creativity. This requires imagination and a sensitivity to the meaning of the texts in order to articulate the new knowledge in terms which are faithful to the original data. The critical steps of qualitative research are the collection of data, analysis, and description, (Tesch, 1990). The results of the analyses are expressed through accurate description rather than diagrams, figures and graphs. The procedure is idiographical rather than nomoethical, (Onander, 1995). Here the scientific perspective of imagination described in Chapter 2 has provided the necessary support for shaping each study.

Thomas (1993:46), has argued that *ethnographic researchers are active creators rather than passive recorders of narratives. All ethnography requires systematic intellectual or personal involvement with our subjects...* The choice of methodological approach has been made on the basis of several arguments. There are different patterns of knowing (Carper, 1978). Useful knowledge can be obtained through a combination of all forms of knowing, (Chinn & Jacobs, 1987). Research leads to scientific knowledge that also takes on board common-sense knowledge, (Orem, 1979), that is based upon the philosophy of the non-philosophers, (Freire & Faundez, 1989), in order to be able to describe a phenomenon through insight and understanding. This in its turn requires a combination of imagination and interpretation, (da Silva & Andersson, 1989; Kant, 1980; Kant in Makkreel, 1990), as an intuitive phenomenological process, (Bjurwill, 1995; Husserl, 1972; Polkinghorne, 1983). .The process and the outcome of the research depend upon the symbolic interaction between the world of the subject, the essence of the object of the research, and the relationship between the perspective of the research and that of the researcher, to explain human behaviour in terms of meanings, (Spradley, 1980). The researcher's macro-perspective on nature and culture, and micro-perspective on body and spirit, where both the logos (rationality) and the cosmos (human conditions on earth), interact with each other, play an important part in the outcome of the research, (Husserl, 1972; Bjurwill, 1995; Jaeger, 1988; Meighan, 1992; Stringer, 1996). Both macro- and micro-perspectives have been necessary to gain a swift and intuitive insight into the phenomenon in question, so that the goal of the present research could be synchronised with the 'felt needs' of the nursing teachers, students, and practitioners, (Spradley, 1980). On the basis of these arguments, and fundamental to the approach I cultivated using different qualitative methods, is my view of a human being (or student nurse) seen from the perspectives I have described in Chapter 2. I use the image of a student as both the subject and the object of research as a living creature. They exist in an intimate relationship with the world around them. Therefore they are constantly active in creating meaningful situations that provide learning experiences in the context of the prevailing social, intellectual, and emotional human conditions, (Freire, 1990; Meighan, 1992; Stringer, 1996).

Inspired by Brewer and Hunter, (1989), Diers, (1976), and Jaeger, (1988), a multi-method approach was chosen in order to tackle the complexity of my research. Brewer and Hunter, (1989), have argued that a combination of methods allows for serendipity and openness to new ideas by using different techniques for data collection where even the *subjects may also be knowingly drawn into the research*, (p.88), to solve each problem with the most suitable method. The multi-method approach has the *advantage to generate more innovations not only because it is a relatively fresh approach but also because it is open to new ideas and information from more sources...and encourage more innovative theorising, such as the metaphorical application of ideas from one area to another*, (p.179). Research findings are determined both by the reality we seek to comprehend and by the patterns of thought and behaviour involved in the conduct of inquiry itself. Because different methods of inquiry involve different patterns of thought and behaviour, they may generate very different patterns of research results. *However, a great benefit of multi-method perspective is that it teaches both humility and confidence. One must openly admit to the chance of error and misinterpretation, but one can also assert that there is a chance of truth, because there are multi-method procedures for determining how close to the truth we have come*, (p.197). Ideas about planning, organising, and conducting different studies, and collecting and analysing the data to draw conclusions, were gathered together and modified to suit the purpose of my research. However, this does not mean that I hold an 'anything goes' attitude, (Feyerabend, 1988; Thomas, 1993). On the contrary, every step has been meticulously planned, conducted, documented, analysed, and described, taking into consideration the ethical aspects also, (Hammersley & Atkinson, 1995; Thomas, 1993; Spindler & Spindler, 1987).

The hermeneutic approach in qualitative methods

The hermeneutic approach is defined as the art and science of interpretation. Heidegger, (1962), and Ricoeur, (1971), demonstrated that human actions resemble the way a written text appears to the reader. The hermeneutic approach seeks to elucidate and make explicit our practical understanding of human actions by providing interpretations of them. It attempts to *describe and study meaningful human phenomena in a careful and detailed manner as free as possible from prior theoretical assumptions and aims at progressive uncovering and explications*. (Packer, in Tesch, 1990:37). A hermeneutic approach using ideas from different qualitative methods as 'factor-searching studies', (Diers, 1976), is chosen in order to tackle the problems at different levels of inquiry, where problems take different forms and require different kinds of knowledge to solve them. Therefore different kinds of study designs are called for to deal with the complexity of the present research as a logical, systematic, and sensibly defensible solution, (Larsson, 1993).

Factor-searching studies

The inspiration to employ ideas from different methods came from Diers, (1976), who described factor-searching studies as a suitable way to solve the methodological issues of research into nursing education. The term 'factor' implies dimensions, themes or ways of thinking about many complicated facts and their relationships, by divisions of a whole into its different components. Factor-searching studies look for ways to conceptualise situations. The factor-searching studies may be descriptive, explorative, or formulative, and are employed by researchers who may want *to take a new look at an old situation or when there is no usable information about a particular phenomenon available*. (Diers, 1976:100.). The factor searching studies may employ either one or a combination of methods within the hermeneutic approach - phenomenology, ethnography, grounded theory etcetera - in a search for answers to the basic questions *why, what, when, where,* and *how*, as is the case in my research. The analysis of the data collected through open interviews, dialogues, or participant observations, is, through interpretation, based upon experience, intuition, insight, and understanding, (Diers, 1976). *The whole point of factor-searching is to devise or invent labels that taken together will usually characterise the important aspects of a given situation....the methods in factor searching study simply bring that [research] process, in all its steps, into the open so that others can make judgements about the validity of the concepts arrived at by knowing how they were arrived at...When the variables involved in the problem cannot be named, or when it is not possible to say what the problem is an instance of, then this kind of descriptive study may be called for*. (Diers, 1976: 100, 102, 104).

The methods employed

Enlightenment about the intricacies of the different qualitative methods was found in Ashworth et al., (1986); Bjurwill, (1995); Bowden,(1995); Brewer & Hunter, (1989); Carlsson, (1991); Cohen & Manion, (1982); Da Silva, (1990a); Denzin, (1970); Diers, (1976); Dominowski, (1980); Egidius, (1986); Elliot, (1981); Francis, (1993); Giorgi,(1992); Glaser & Strauss,(1967); Hammersley & Atkinson, (1995); Jaeger, 1988); Kvale, (1989); Leininger,(1985); Marton, (1995); Meighan, (1992); Miles & Huberman, (1994); Patel & Davidson, (1991), Patton, (1980); Polkinghorne, (1983); Repstad, (1988); Schratz, (1993); Spindler, (1982) Spindler & Spindler, (1987); Spradley, (1980); Starrin et al., (1991); Starrin & Svensson, (1994); Strauss & Corbin, (1990); Stringer, (1996); Taylor & Bogdan, (1984); Tesch, (1990); Thomas, (1993) and Whyte, (1991). The qualitative methods that have generated ideas for my research are described below to illuminate the specific contribution each method has made.

Action research is the study of a social situation with a view to improving the quality of action within it, (Elliot, 1981; Whyte, 1991). It is an approach which has developed as a direct attempt to tackle the pedagogical issues that confront teachers in their daily work. It has often been defined as 'classroom-based research', 'the teacher-research movement', or 'teacher-based research'. The action research approach is based on the assumption that teachers are already 'problem-solvers', 'inquirers', and 'self-evaluating professionals'. Definitions of action research are many. It is determined by the response of each researcher to three central questions: *by whom research is being done, for whom, and to what purpose*, (Meighan, 1992:283-4). Action research provides a socio-dynamic approach in educational research. The researcher in action research collects views other than his or her own. They then confront different perspectives on the same situation and use discrepancies as the starting point for their own practical theory. When there is a discrepancy between the student's and the teacher's perception, an action is developed to reconcile it. Thus the researcher develops research into a collaborative project as peer consultation by creating a close working relation between action and reflection. They thus develop educational values and an holistic view on education, self-conception and competence through critical professional discussions, (Meighan, 1992; Schratz , 1993; Stringer, 1996). The ethical perspective based upon the intimacy ethic has an important role in action research, (Chapter 2).

However, action research is not a method of data analysis. Neither is it characterised by a specific method, but rather by the integration of various methods in a methodologically consistent strategy. The strategy aims to help teachers and students who are directly concerned with a situation under research to articulate, validate and develop their views further. Reflective thinking, (Thomas, 1993), guides them to design actions that improve their situation and to be better able to cope with issues they experience as problematic, (Alritcher, 1993). The underlying philosophy is that put forward by Schön (1983:29): *reflection-in-action... Thus we think: What is good for practice is good for research...* In action research one has a 'reflective conversation with the situation' in the context of 'local knowledge' which is relevant to practice where the researcher as practitioner observes and interprets the data collected in teaching situations and develops it into a practice for improvement, (Alritcher;1993; Elliot, 1981; Meighan, 1992; Schratz, 1993; Schön, 1983; Stringer, 1996). Action research is an intervention in social situations. Therefore it must follow the three ethical criteria. The first is compatibility with the aims of the educational programme under research. Data is only collected from the activities which form a normal part of the curriculum. The second is research strategy. This is built on democratic and co-operative human relationships on a partnership basis to contribute to their further development. The third is pragmatic criteria. It is *the compatibility of the research strategy with the normal working conditions within the available time and economical resources*. Action research *implies research and development of one's own self-concept and competency*, (Alritcher, 1993: 45, 50).

Grounded theory is a method developed by Glaser and Strauss which stemmed from their combined experience of qualitative and quantitative research traditions. Grounded theory is derived from the study of the phenomenon it represents through systematic analysis of data, (Glaser & Strauss, 1967; Strauss & Corbin, 1990). The research question in a grounded theory study is a statement that identifies the phenomenon to be studied. Grounded theory questions are oriented towards action and process, to the questions why, what, and how. Grounded theory can be used first to discover what is happening and then to verify what has been discovered. What is discovered must be verified by going back to the empirical world under study and examining the extent to which the emergent analysis fits the phenomenon and works to explain what has been observed. By 'fit' is meant that the categories must be readily (not forcibly) applicable, and must be indicated by the data under study; by 'work' is meant that they must be relevant, and must be able to explain the behaviour under study. Thus discovery and verification mean moving back and forth between induction and deduction, between experience and reflection on experience, and between greater degrees and lesser degrees of naturalistic inquiry. The collected data is examined for words and sentences which saturate the texts in the data and have bearing on the phenomenon being studied. These words and sentences are further studied to discover their hidden messages in order to arrive at new knowledge, insight, and understanding based on both experience and intuition, and which involves creativity, imagination, and interpretation.

Ethnography can be both a research approach and a method, (Rothermel, 1996; Thomas 1993). As educational anthropology it is a research method with a long tradition, (Tesch, 1990). In the broadest and the simplest sense, ethnography can be defined as *the systematic process of observing, detailing, describing, documenting, and analysing the ways of life or the particular patterns of a culture (or subculture) in order to grasp the ways of life or patterns of the people in their familiar environment,* (Leininger, 1985:35). Ethnography is used for several reasons. It is employed when there is virtually no knowledge or very limited knowledge of the phenomenon. This means that it is used to discover what is happening, how it is happening, and the meaning or the interpretation of the phenomenon, in order to obtain meaning in the context of the phenomenon the researcher is interested in. Ethnography permits the researcher to grasp the totality or the broad world-view by obtaining data that relates to some new or different type of question that has not been asked before. The results provide detailed accounts of events, situations, and circumstances. Ethnography is holistic in the sense that the ethnographer participates in peoples' daily lives, watching what happens, listening to what is said, asking questions; in fact collecting whatever data is available to throw light on the issues with which he or she is concerned, (Hammersley & Atkinson, 1995; Tesch 1990). The research process in holistic ethnography entails accurate observations of the situations and interviews in the form of diaries and field notes. These are then examined carefully to reveal the information which can enhance the understanding of the phenomenon in the context of a specific educational culture, (Denzin, 1970; Leininger, 1985; Tesch, 1990; Spindler, 1982; Spindler & Spindler, 1987; Spradley, 1980).

Historical research in education is a research method that enables solutions to contemporary problems. It throws light on present and future trends. It stresses the relative importance and the effects of the various interactions that are to be found within all cultures. Further, it allows evaluation of the data in relation to the selected hypotheses, theories and generalisations that are presently held about the past, (Cohen & Manion, 1982). In my research the implications of the objectives of conducting historical research have both illuminated and provided the support necessary to understand the background of the origin and evolution of ideas about teaching international understanding, (Chapter 6). This was necessary for solving the fundamental pedagogical questions which are central to my research.

Phenomenography is a method that complements other kinds of qualitative research, (Tesch, 1990), and aims at a particular understanding as opposed to a general understanding. Phenomenography identifies and then concentrates on asking questions about peoples' ideas about the world around them. Marton, (1995:180), has argued that *phenomenography is simply an attempt to capture critical differences in how we experience the world and how we learn to experience the world. Nothing more and nothing less.* Bowden, (1995), distinguishes between 'pure phenomenography', which is how people conceive of various aspects of their reality, and 'developmental phenomenography', which enables the subsequent use of the results of phenomenographic research in teaching and learning contexts. Phenomenographic data can be obtained in ways other than interviews, (Francis, 1993). Contextual analysis of phenomenographic data requires that the researcher be able to differentiate between what the interviewees have been brought up to talk about and what they say about it, (Marton, 1995).

Phenomenology as a philosophy was introduced by Husserl, who was convinced of the importance of lived experiences. He insisted that, in studying any phenomenon, the most essential step is 'to get to the matter itself', which he called the 'essence' of the intuition, insight, and interpretation that led to an understanding of a given phenomenon. Phenomenology aims exclusively at establishing 'knowledge of essence'. It is a division between realistic and idealistic, between fact and essence, between empirical and *a priori*, between real and not real. Essence discloses what the phenomenon is, (Giorgi, 1992; Husserl, 1972). Phenomenology as a qualitative, descriptive research method has been developed since Husserl by Heidegger, Merleau-Ponty, Schutz, and Giorgi in turn, (Polkinghorne, 1983).

A survey by questionnaire is a commonly used descriptive method in educational research. Data is gathered by questionnaire at a particular point in time, with the intent of describing the nature of the existing conditions, or of identifying standards against which existing conditions can be judged, or of determining the relationships that exist between the specific events, (Cohen & Manion, 1982). The data is collected through closed and open-ended questions. The answers to open-ended questions facilitate qualitative analysis.

In all methods outlined above, creativity, insight, intuition, imagination and interpretation play an important part although to varying degrees, (Chapter 2). Idiographic, or non-positivistic, research is an human action based upon human conditions that are dynamic and prone to change and that influence the research process, (Onander, 1995). For instance, phenomenographic data analysis involves steps which resemble the methods employed within grounded theory and phenomenology, although these steps are described using different terms, (Francis, 1993). Thus it is argued that the methodological approach, using ideas from different methods, I have employed to conduct the present research is both reasonable and legitimate, essentially because my research concerns an educational process that is a human activity carried out under human conditions.

The ethical considerations

I have followed the 'Code of Ethics' for research in the humanities and social sciences with particular attention to Section 6 regarding respect for the integrity and anonymity of the respondents, (Hermerén, 1986). Ethical code taken into particular consideration concerned the right to privacy, the right to be informed, the right to be free from coerced participation, and the right for protection from wilful physical, psychological, or social harm by others.

Permission to use the data from each study was obtained from each respondent, either by letter or telephone or verbally during a face-to-face encounter.

The application of ideas derived from the methods used

If the artist does not perfect a new vision in his process of doing, he acts mechanically and repeats some old model fixed like a blue print in his mind. (Dewey, 1934:50).

In my research, undergraduate nursing education is viewed as a human activity in close partnership between teachers and students. The phenomenon of incorporating internationalisation is studied, free from a specific theoretical or a hypothetical assumption. This step is taken in order progressively to uncover educational concerns which may hitherto have been hidden simply because they are routinely confronted every day, and therefore are not paid any attention, (Hammersley & Atkinson, 1995). Revealing everyday educational concerns may provide support and guidance in solving the fundamental pedagogical questions which arise when internationalisation is incorporated into the curriculum. Ideas from the different qualitative methods regarding designing, planning, and organising the collection of data, and analysis used to draw conclusions, are employed in different combinations. On the subject of incorporating internationalisation into the curriculum, each study has generated data that illuminates a specific perspective and a specific dimension concerning Swedish undergraduate nursing education, combining both theory and practice.

Analysis of historical background in chapter 6

By unfolding the past we construct our scientific future and understand our present in the process. Looking at our theoretical present we see shadows of our past and the visions of our future...the synthesis of the insights for the past and visions of the future is what enhances creativity in nursing, (Meleis, 1985:1).

It is argued that the authentic self has a potential for action characterised by its orientation towards the future, which brings with it possibilities and the constant necessity for choice. The past is significant in terms of unrealised possibilities that relate to the present and the future, (Heidegger, in Flew, 1979). Therefore, it was necessary to explore the historical background to the origin and evolution of the idea of internationalisation in Swedish undergraduate nursing education. Historical documents from the United Nations, UNESCO, Swedish Public Investigations, the Nurses Association, and other sources are reviewed. From the information thus made available, the underlying core components of education for international understanding are identified, and are shown to be compatible with the core components of the Swedish undergraduate nursing educational curriculum, and with the health care system to which nursing education is closely connected.

Ideas from grounded theory, developmental phenomenography, and phenomenology in chapters 7:1-2, 7:6, and 8:1-2

The analysis of the background to teaching internationalisation in Swedish undergraduate nursing education paved the way for the empirical Study 1, (interviews with the practitioners) and Study 2 (interviews with the experts). The studies made it possible to gather data that, by *describing in qualitatively different ways, in terms of the aspects of the phenomenon which are inherent in particular ways of experiencing it*, (Marton, 1995:166), helped to fulfil one objective of the present research. In both studies, prior to the interviews, the respondents were sent a set of short, open-ended questions together with letters of confirmation. Time was allowed between the first contact by telephone, the letter of confirmation, and the interview so that the respondents could reflect upon the nature of the interview in general and the questions in particular. The questions concerned teaching internationalisation to Swedish undergraduate student nurses. The respondents were allowed the freedom to choose the articulation of their answers. They were not coerced into viewing the questions from any particular angle. Their choice of how to address the implications of particular questions was not influenced by me in any way. Depending upon their own experiences, the respondents followed different courses when they gave their answers as informal dialogue. All dialogue was documented by dictation, were written down by hand during the proceedings. Data was analysed with a pedagogical perspective by stages to reduce it to a manageable, meaningful and fruitful state for the purposes of my research. The reduced data was further probed with a view to 'discovering' first the common factors and then the essence in order to understand the meanings and eventually to find categories for descriptions in pedagogical terms for generalisation, (Larsson, 1980:06). Ideas from developmental phenomenography guided the final analyses with the description of the categories for curriculum development as suggested by Bowden, (1995).

The views of the outsiders in Studies 1 and 2 raised the questions that confront a nursing teacher whenever new ideas have to be incorporated into an educational programme that includes both theoretical and practical work. The results of these studies aroused an awareness of the missing link and a need for an ethnographic study as a practitioner: *there is a sense of knowing something from the 'inside' which is quite different from the knowledge which we may have of the things from the 'outside'*, (Shotter, in Meighan, 1992:283). Thus it was necessary to obtain data as 'complete participation', (Hammersley & Atkinson, 1995; Thomas, 1993), in Studies 3-4 to gain answers to my questions for this research (chapter 2).

Ideas from holistic ethnography in chapters 7:3-4

It is argued that a professional nurse or midwife's particular mode of action is characterised by relationships to his or her environment and the community of people by being concerned with and caring about them. The existence of the phenomenon of internationalisation can be understood only through the analysis and description of the existence of the phenomenon within nursing situations through participation and involvement, (Heidegger, in Flew, 1979).

Study 3 was conducted to combine ethnological and phenomenological perspectives. The phenomenologist views human behaviour - what people say and do - as a product of how people interpret their world. The ethnologist aims to observe, document, and describe how people think and feel, and what they say and do. In analysis *the ethnologist employs the phenomenologist view in order to understand and describe the phenomenon from the view point of the studied object, to synchronise the two time-world of the scholar-scientist and of the practical man*, (Spradley, 1980:17). Study 3 was therefore planned, organised and conducted as ethnographical field work, as a practitioner within Swedish primary health care and hospital wards. Data was collected through the observations of participants, and conversations with colleagues, patients, and students. Careful notes were taken down while on duty which were transferred to diaries at the end of each day. The data was analysed following the same procedure as used for Study 1.

Study 4 was conducted to obtain a student's perspective by attending a postgraduate course in nursing. Data was collected and analysed following the same procedure as Study 3. Study 4 too was planned and organised to collect an 'inside' view. On completion of Study 3, there was an increased awareness of the problems involved in connection with incorporating internationalisation into Swedish undergraduate nursing education. Study 3 illuminated yet another missing link, namely that of the student perspective. Study 4 was therefore a natural and necessary next step.

It is here, in Studies 3 and 4, that I find my own goals in pursuing this research. Their value lies not in the answers or generalisations they make, so much as in the questions they raise which paved the way for Studies 5 and 6. Shifting my focus in Studies 3 and 4 allowed me to see my own context and biases as a nursing teacher in a new light. What seemed natural and familiar in teaching situations suddenly became strange, and from this process of recognition possibilities for approaching the subject in new ways emerged. This led to the action research in Study 5.

Ideas from action research in chapter 7:5

Study 5 is the most important study of my research. It was conducted in order to confirm and support the results of Studies 1-4. The analysis of the data from Studies 1-3 had brought to the surface a faint outline for a specific didactic strategy for support and guidance in incorporating internationalisation into the context of nursing with tender loving care. Study 5 was conducted within the realities of the nursing educational settings within the curriculum. Action research was conducted to solve situations that are often problematic and full of uncertainty. These situations challenge teachers to draw on their own resources to cope as best as they can. This involves a steady flow of decisions and interpretations that they are required to make and to act upon. The three central questions in connection with defining and legitimising the 'action research' of Study 5 were:

- *By whom is the research being done? By a nursing teacher.*
- *For whom is the research being done? For nursing teachers and students.*
- *For what purpose is the research being done? To gain support and guidance for incorporating internationalisation into the curriculum.*

As a teacher myself, I also believe that in understanding educational endeavours, the expertise of teachers is as important as the expertise of researchers and the policy makers, (Rothermel, 1996). On the other hand, one also needs to be able to see things with a critical eye, (Thomas, 1993). Fundamental to the methodological approach in Study 5 is the assumption that it is essential to link theory with practice. The mere recording of events and formulation of explanations by an uninvolved researcher is inadequate. Students, colleagues, supervisors, and administrators should also have an opportunity to participate as much as possible in the research process so that the research can be applied and developed further for the benefit of the participants as action in collaboration to make a contribution as developmental phenomenography, (Bowden, 1995).

Thus Study 5, gleaning ideas from action research, was conducted through an educator's perspective. It was conducted as a developmental study to apply, and thus verify, the results of the previous studies in a teaching and learning context during theory and practice. On the completion of Study 4, a clear outline for a specific didactic strategy had emerged which paid attention to the questions why, what, when, where, and how. Study 5 was therefore carried out to explore if my didactic strategy was feasible in practice. The data was collected as in Studies 3-4. Diaries were kept and notes were made of conversations with students, colleagues, and other staff. Results of examinations, evaluations, assessments, and spontaneous contacts made personally by letter or phone with students, teachers and staff were also carefully noted in the diaries. The analysis of the data was carried out by following the same procedure as in Study 1. Methodological consistency was thus ensured.

Ideas from a survey in chapter 7:6.

Study 6 was a result of an awareness of the necessity of confirming the results of Study 5 by comparing different groups. This is an approach which is described by Miles & Huberman (1984), and is suggested as a suitable step by Jensen (1995). The sixth study was planned as a complementary study using a questionnaire. The questions were constructed from the experience gained during Studies 1-5 that had been found to be meaningful. The survey was conducted amongst different categories of students (audio-technology, medicine, nursing, occupational-, and physio-therapy), and their teachers within the care sector of Swedish higher education. I was not involved with any of the responding groups in any way. The survey was conducted during the last weeks of the last terms of all the groups which became involved. The survey was conducted with the intention of describing the nature of the existing conditions, and identifying standards against which the existing conditions can be compared when incorporating into each curriculum distinct activities to teach internationalisation. The open-ended questions were analysed following the same procedure as in Study 1.

Reflections upon the methodological approach: its limitations and strengths

When men lack a critical understanding of their reality, apprehending it in fragments which they do not perceive as interacting constituent elements of the whole, they cannot truly know that reality. To know it truly, they would have to reverse their starting point: they would need to have a total vision of the context in order subsequently to separate and isolate its constituent elements and by means of this analysis to achieve a clearer perception of the whole, (Freire, 1990:76).

The research approach employed in my research was not developed in a vacuum, nor did it emerge from thin air. The complexity of the topic and the questions involved has contributed to promote interest and motivation within me. This in turn stimulated creativity to cultivate a suitable approach. Completion of each study has demanded close attention to my goals and total concentration. However their combination has also generated the peak experience, (Maslow, 1973), and flow, (Csikszentmihalyi, 1990), that enabled me to embark upon the next study.

The limitations of the methodological approach

Nevertheless my mode of action involves certain 'pitfalls or traps,' (Thomas, 1993). One of them, in the ethnographic approach, is my total involvement in situations familiar to me as a practitioner, student, and teacher. There is sufficient reason to suspect bias. Did I only see what I wanted to see? Did I interpret my data in a manner that was comfortable for me? In my research I was able to avoid 'culture shock' because I was in familiar situations. But is the insider's view free of pre judgement? Is it objective enough? The only way to tackle these problems is to deal with sensitivity in the field, during the face-to-face situations and the dialogues, yet with rigidity in every phase of the research itself. This also involves critical thinking, argue Hammersley & Atkinson, (1995), Thomas, (1993), and Spindler & Spindler, (1987). They argue further that 'science' is the process of systematic understanding in ways that are rigorous (logical), testable (verifiable or falsifiable), and evident (empirical). The question is whether the collected data is sufficiently precise and leads to new understandings. Science is a way of thinking, not simply a technique for processing data.

Although considered 'subjective' because researchers attempt to display the view point of those they study, ethnography is as objective as any science. Subjective ethnographic data does not mean 'whatever the researcher thinks', it means objectively reporting on the subjectivity of the subjects. Objectivity in this sense does not mean the absence of bias or a researcher's perspective, or blindly accepting the subject's reported psychological state of mind. Objectivity simply means taking the intellectual risk of being proven demonstrably wrong. Critical reflection on one's results implies a call to action that may range from modest rethinking of comfortable assumptions to a more direct body of principles about the relationship among knowledge, its consequences, and a researcher's obligations to develop further his or her new knowledge. The goal of critical thinking is not to recreate the world in one's own image. Rather, it challenges the relationship between all forms of inquiry and the reality that is studied and sustained. Critical thinking means freedom by recognising that social existence, including our knowledge of it, is not simply composed of givens imposed on us by powerful and mysterious forces. Freedom, as a component of critique, connects the emancipatory, normative, and evaluative features of critical thought. It thus acknowledges the capability of exploring alternative meanings without constraint. It denotes value because it requires a discerning rational judgement to choose between conceptual and existential alternatives, and it suggests norms to guide both the discourse and interpretative activity of knowing. Conducting an ethnographic study means involving oneself concretely in the scenes studied, and then critically reflecting on these interactions. It is necessary for ethnographers to become more self-conscious, admitting openly to, and theorising within their work on the partiality, of the truths produced and the cultural politics connected with the process of representation.

An interesting thought arises, however. What knowledge would I have gained if my studies had been conducted from a different perspective by employing one specific method? For example from the perspective of a social anthropologist the meaning of situations encountered in each study for each actor involved could have been studied differently from the way I have done. The drawbacks to action research are that the researcher is the bearer of certain ideas and values. On the other hand, the very drawbacks become strengths because only the teacher can fully appreciate the problems involved in a daily life of teaching. The strengths of the methods involved and the approach I have employed therefore bear witness to the validity and reliability of my research.

The strengths of the methodological approach

Bearing in mind these arguments, I have been careful to disturb as little as possible the process of interaction and communication in the setting being studied, being aware that even the silent presence of an observer inevitably affects the responses and interactions of those being studied. Furthermore, at every stage of the research process and analysis, all action has been subjected to careful reflection (Schön, 1983; Thomas, 1993), and ethical and aesthetic judgement (Kant, 1980), and the route mapped out has been followed only when it has felt right in the head and in the heart, (Carlos Costenada, in Eriksson 1987), in its contextual relevance for nursing educational issues, and has been experienced as meaningful and fruitful. Each study illuminates only a certain aspect of the phenomenon of teaching internationalisation. Each study has its limitations. Yet each study makes an important contribution by providing knowledge that coherently illuminates the phenomenon as a whole (Hingley, 1989). Together they provide enlightenment in solving the fundamental pedagogical questions *why, what, where, when,* and *how.*

The data is analysed bearing in mind two levels of adequacy. The first level is that of interpretation - the selection, organisation, and interpretation of the data within the framework of a pedagogical perspective and theories concerning educational process. The second level is that of findings. The results should reflect the aspects of educational situations within Swedish undergraduate nursing education, both in theory and practice, that they claim to represent. The situations are in reality connected so that neither data nor its interpretation is the outcome of an hypothesis or preconceived ideas. On the other hand conscientious efforts were made at all times to hold back the author's own thoughts, feelings, ideas and theories while analysing the data. Fundamental to the interpretation is the reality that is only to be found in the data.

Within the mainstream, positivistic research tradition derived from an objective epistemology, the most common criterion for measuring the extent to which the research results are reliable is replicability, something that is not possible when qualitative methods are employed, (Tesch, 1990). On the subject of reliability and validity within qualitative research, Kvale, (1989), has argued that reliability depends upon the trustworthiness of the researcher, while validity depends on the extent that a method investigates what it is intended to investigate, and can be verified through an honest, detailed account of the research process, data collection and analysis, because acquisition of knowledge through insight, understanding, imagination and interpretation is a move towards the unity of three spheres of value; towards the unity of truth, beauty and goodness, (Gulyga 1990; Kant, 1980, Makkreel, 1990). In this respect Kvale, (1989:90), argues: *An ideal solution would be to conduct investigations so convincingly that appeals to external certification, or official validity stamps of approval, appear superfluous. Ideally, the procedures would be transparent and the results evident, the conclusions of a study intrinsically convincing as true, beautiful and good.* In order to analyse the data adequately as this argument requires, 'the voices' within the data must be heard, and then interpreted objectively with a pedagogical perspective, the context of nursing, making at the same time visible the social relations that produced the data and the results. Thus the underlying professional and social, contextual reality of the daily life of the professional nurse or midwife is revealed, providing holistic health education as a part of service to society. *Truth reveals itself when one gives up all pre conceived ideas,* (Shoeski, in Hall 1984:28).

Ideas from different qualitative methods were employed to conduct my research in order to work out a comprehensive solution to the methodological problems which I had to resolve concerning the complex nature of my research. The concept of internationalisation is unclear and puzzling when faced with the realities of undergraduate nursing education that, in turn, is complex. The strength of my research approach lies in the fact that all the data taken was qualitative. It referred to the essence of people, concepts and situations. Raw experiences were converted into words to describe the phenomenon under question. The words were based on observations, interviews, and documents gathered by watching and observing, asking, examining and evaluating. The data-collecting activities were carried out in close proximity to a local setting for a sustained period of time. The raw data was carefully processed. Notes were read and re-read several times before they were rewritten, edited and rewritten. It cannot be denied that the data was both literally and metaphorically dictated by what could be written and read within the data-collecting activities. Data was collected focusing on naturally occurring, ordinary events in a natural setting - undergraduate nursing education - so that there was a strong association with reality as such. The data was founded upon specific situations actually experienced by me, not based on pre-set hypothesis. The emphasis was on specific incidents which were tightly focused phenomena for teaching internationalisation in the context of nursing. The data thus obtained was rich and holistic, with a strong potential for revealing the complexity of the phenomenon under study. Thus the descriptions are bedded in the real context; in going beyond snapshots impressions of the collection process, the data has the ring of truth about it. The inherent flexibility of a method that includes different ideas strengthened the analysis, with its emphasis on lived experience for locating true meanings in the jumble of perceptions, assumptions, prejudgements, and presuppositions which underlie the final interpretation and conclusions. Data reduction should be seen as data condensation, as a part of the analysis by selection, summary, or paraphrase. The meanings that emerge from the data have been confirmed and tested for their plausibility and sturdiness, thus ensuring and enhancing their validity and reliability.

Chapter 6

THE BACKGROUND TO INTERNATIONALISATION IN SWEDISH UNDERGRADUATE NURSING EDUCATION

In every nation education is planned and organised bearing in mind three variables. These are economical, social and political, (Felice, 1993)

In every modern, knowledge-based society, there is an increasingly widespread awareness of how important education is in creating the potential to achieve goals, which go beyond the strict demands of educational policy. There is a close relationship between the organisation of a country's education system and its capacity for general development politically, socially, economically and culturally. In a modern society the state has the overall responsibility of determining unilaterally what the future will demand in terms of knowledge and skills. Educational policy must therefore consciously endeavour to create the opportunities that promote the common welfare of the citizens and development of the nation. The dynamics within a society that play a major part in the formation of the structure, organisation, continuity, stability and further development of that society, also form the basis for all its education systems, (Husén, 1971, 1992, 1994; Isling, 1980; Lundgren, 1972, 1977, 1979; Marklund, 1980-1989; Richardsson, 1968-1983). Therefore, economically, socially and politically, education is a sub-system of society, and education systems have certain specialising functions within particular cultures of origin. Education serves in part as a means to convey the social truths and behaviours of cultures. The fundamental differences between nations in terms of their world outlook can be seen reflected in their education systems. Particularly, one would expect to see a difference in the way citizens in each country are encouraged to interpret major global trends, as well as their underlying causes, and to project the possible ramifications. In Sweden, society values education as a means to ensure democracy, equality and solidarity, (Husén, & Boalt, 1968; Marklund, 1987).

Education is an intensely national activity that has roots in the country's culture, religion, society and politics. This aspect of education is also that which is very susceptible to manipulation, (Kurian, 1988:xix).

Every form of education - primary, secondary, or higher, reflects the wishes and demands of society on its young people concerning their future role as an integral part of that society. The politics of a nation express these wishes as laws and regulations upon which the foundation of each society rests. There is no education that is, or can be, divorced from the ideology and political ideas of society of which in many ways it is the supreme expression. Education is perhaps the most intensely political of all the aspects of society because it encapsulates the fundamental beliefs and the basic social goals of that society. In all educational reforms there is a close link between politics and the social ideology, and the basic questions asked are 'For what kind of economic and social regime do we intend to train the younger generation? What kind of life - as citizens, as young wage earners, as individual consciences - do we mean to make it possible for them to live, and to train them to live?

On the basis of these arguments it would be fair to conclude that the rationale for internationalisation can have political, economical, educational, cultural, academic, scientific and technological dimensions. Van der Wende, (1997:36) illustrates this with the help of a model (shown below), in which the weight of a certain rationale or dimension is noted independently from the others. The two axis do not represent two continuums, but four separate lines each with a minimum (in the middle) and a maximum (at the exterior of the model).

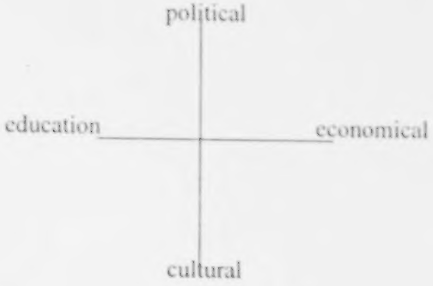


Figure 6:1. Rationales of a given country of internationalisation policy, (van der Wende, 1997)

An awareness of the importance of education to future prosperity also implies a responsibility to focus more attention on areas where the education system is failing to satisfy perceived future needs, (Ministry of Education and Science, 1993). Hence it was not surprising that in 1970 the Swedish Prime Minister Olof Palme declared *We want to internationalise the Swedish society. This is one of the most important tasks of the seventies. Therefore we have to internationalise our education system*, (Palme, 1977:4).

In making this statement, Olof Palme, as a politician, was both stating his vision of Sweden's political position internationally, and specifying the role of education in the realisation of that vision. But at the same time he was also clearly stating the need to understand Sweden's dependence on the world's societies, and thus the need to acquire through education the knowledge and skills for co-operation and collaboration over national and cultural boundaries. In response to the Prime Minister's declaration, the 1974 Higher Education Reform suggested that all higher education in Sweden should have internationalisation as one of its goals, (Löwdin, 1974:1). Therefore, as suggested by the Higher Education Reform, (U 68), 'promotion of international understanding' became one of the general goals of Swedish higher education, (SFS 1977:218:§2), which also affected the curriculum of undergraduate nursing education.

During the 1970s it was suggested that there should be specific changes made into the education system to enhance international understanding as a new and an important objective of higher education. Why? Was it because new insights were being obtained, and that there was an absence of conscious efforts in this field? What was the historical background to the 'internationalisation of higher education' and its evolution as internationalisation in Swedish undergraduate nursing education? It is important to understand the background in order to be able to understand the implications of the decision to incorporate internationalisation into the curriculum for Swedish undergraduate nursing educational programme.

The origin and evolution of internationalisation as a concept in higher education

Within an education system it is the environment of the ideas, not the ideas themselves, that brings forth certain decisions. The concept of internationalisation within the Swedish higher education stems from the ideology and philosophy of the Charter of the United Nations (UN), which in turn was rooted in the principles and the purposes embodied in The Atlantic Charter of the UN. These charters were based upon a desire to establish international co-operation and collaboration amongst the member nations through agreements on political, social, economical, educational and cultural policies in order to ensure and safeguard the fundamental human rights of each individual, and to maintain peace and harmony in the world. The leaders of different nations had recognised a need for a belief in education for international understanding as a case for the global alternative. Towards the end of the World War II the world had witnessed a small proof of a nuclear war. This had turned out to be so terrible that it left no doubt in any body's mind that a nuclear war would be irreversible; the total destruction of the human race and the planet Earth. The journalist Lawrence, whom the Pentagon had invited to write about the Manhattan Project, gave the following account of the first atomic explosion carried out under the leadership of Oppenheimer:

> *...Then out of the great silence came a mighty thunder. For a brief interval the phenomena we had seen as light repeated themselves in terms of sound. It was blast from thousands of blockbusters going off simultaneously at one spot... Robert Oppenheimer, scientific supervisor of the project, was shocked by the sight and sombrely remarked, quoting from the Bhagvad Gita, the sacred book of the Hindus:*
>
> *I am become death,*
> *The Shatterer of the Worlds!*
>
> *...Three weeks later, the prediction proved true for 200,000 people in Hiroshima and Nagasaki,* (Falin, 1986:20).

After the World War II, the wastage of human resources and the human suffering was a devastating experience for all concerned with the task of rebuilding nations and repairing the damage. Worldwide peace seemed to be the only solution to prevent the recurrence of a similar catastrophe. At the joint instigation of Sir Winston Churchill, Prime Minister of the United Kingdom, and President Roosevelt of the United States of America, the Atlantic Charter was signed on 14 August 1941. Other nations that had contributed in the fight against 'Hitlerism' and were concerned about peace in the world joined in signing the declaration, (United Nations, 1947, 1949). These nations were convinced that complete victory over one's enemies is essential to defend life, liberty, independence and religious freedom, and to preserve human rights and justice in their own lands as well as in other lands. They were therefore now engaged in a common struggle against savage and brutal forces seeking to subjugate the world. The representatives of these nations were in agreement on certain common principles, in the national policies of their respective countries, on which they based their hope for a better future for the world. To bind them together in a common purpose, the term United Nations (UN) was suggested by President Roosevelt. On 1 January 1942, at a conference in Washington DC., the representatives of the twenty-six nations who had signed the Atlantic Charter and twenty-one other nations who wished to adhere to it agreed upon the name for their international organisation. On 30 October 1943, the foreign ministers of North America, Great Britain, and Russia, and the Chinese Ambassador signed the Moscow Declaration on General Security and agreed to call a general assembly of the UN, having recognised the necessity of establishing, at the earliest possible date, a general international organisation based on the principles of sovereign equality of all peace loving states, and open to membership by all such states, large and small, for the maintenance of international peace and security, (United Nations, 1947:3). The Charter of the UN and Statute of the International Court of Justice was signed by the member states on 26 June 1945 in San Francisco. The declaration came into force on 24 October 1945. By a telegram of 9 August 1946, the Swedish Minister of Foreign Affairs, on behalf of the Swedish Government and acting with the consent of the Swedish Riksdag (parliament), submitted his country's application for membership in the UN and declared that Sweden was ready to accept the obligations contained in the UN Charter. No member of the Security Council voiced any objections to the admission of Sweden to membership in the UN, (United Nations, 1947:419). The Atlantic Charter bound the members on an eight-point agreement as follows:

The Atlantic Charter

First, their countries seek no aggrandisement territorial or other;
Second, they desire to see no territorial changes that do not accord with the freely expressed wishes of the peoples concerned;
Third, they respect the right of all peoples to choose the form of government under which they will live; and they wish to see sovereign rights and self-government restored to those who have been forcibly deprived of them;
Fourth, they will endeavour, with respect for their existing obligations, to further the enjoyment by all states, great or small, victor or vanquished, of access, on equal terms, to the trade and the raw materials of the world which are needed for their economic prosperity;
Fifth, they desire to bring about the fullest collaboration between the nations in the economic field with the object of securing, for all, improved labour standards, economic adjustments and social security;
Sixth, after the final destruction of the Nazi tyranny, they hope to see established a peace which will afford to all nations the means of dwelling in safety within their own boundaries, and which will afford assurance that all the men in all the lands may live out their lives in freedom from fear and want;
Seventh, such a peace should enable all men to traverse the high seas and oceans without hindrance;
Eighth, they believe that all the nations of the world, for realistic as well as spiritual reasons, must come to the abandonment of the use of force since no future peace can be maintained if land, sea or air armaments continue to be employed by nations which threaten, or may threaten, aggressions outside of their frontiers. They believe, pending the establishment of a wider and permanent system of general security, that the disarmament of such nations is essential. They will likewise aid and encourage all other practicable measures, which will lighten for peace-loving peoples the crushing burden of armaments, (United Nations, 1947:2).

The Principles of the Atlantic Charter

The Atlantic Charter was based on seven principles. Two of them are particularly interesting for internationalisation. These are: the first, which concerns the sovereign equality of each member nation; and the third, which states that all members should settle their international disputes by peaceful means in such a manner that international peace, security and justice are not endangered, (United Nations, 1947:19).

Some of the purposes of the UN

1. To maintain international peace and security; and to that end to take effective collective measures for the prevention and removal of of threats to the peace…
2. To develop friendly relations among nations based on respect….
3. To achieve international co-operation in solving international problems of an economic, social, cultural or humanitarian character, and in promoting and encouraging respect for human rights and for fundamental freedoms for all without distinction as to race, sex, language, or religion, (United Nations, 1947:833)

The Commitments of the UN

The members of the UN agreed upon a number of articles committing their respective countries to abide by them to promote peace and harmony in the world for survival and humanitarian reasons. For internationalisation in education article 55 is pertinent.
Article 55. With a view to the creation of the conditions of stability and well being which are necessary for peaceful and friendly relations among nations based on respect for the principles of the equal rights and self determination of peoples, the United Nations shall promote:

a. Higher standards of living, full employment, and conditions of economic and social progress and development.
b. Solution of international, economic, social, health and related problems, and international cultural and educational co-operation.
c. Universal respect for and observance of human rights and fundamental freedom for all without distinction as to race, sex, language or religion,(UnitedNations 1947:837).

The United Nations Educational, Scientific and Cultural Organisation (UNESCO)

The conference of the Allied Ministers of Education which first met in London in October 1942, drafted plans for a United Nations Educational and Cultural Organisation. These plans served as basis for discussion at the UN conference held in London from 1 to 16 November 1945 for establishment of UNESCO in order to promote the aims set out in Article 1(3) and Article 55(b) of the Charter of the United Nations. The conference also adopted a resolution that the seat of UNESCO would be in Paris, (United Nations, 1947:703). UNESCO formulated its plans for the work of the articles entrusted to it by the UN as follows:

As set out in Article 1 of its constitution, the purpose of UNESCO is to contribute to peace and security by promoting collaboration among the nations through education, science and culture in order to further universal respect for justice, for the rule of law and for the human rights and fundamental freedoms which are affirmed for the peoples of the world, without distinction of race, sex, language or religion by the Charter of the United Nations. To realise this purpose UNESCO:

a. Collaborates in the work of advancing the mutual knowledge and understanding of peoples through all means of mass communication.
b. Gives fresh impulses to popular education and to the spread of culture.
c. Maintains, increases and diffuses knowledge, (UN, 1947:704).

UNESCO's constitution came into force on 4 November 1946, (UN, 1947:703). A seminar was held near Paris in July 1947. It was concerned with how best to help young people to take a broader worldview rather than a narrow, nationalistic one, (UN 1949:849). Subsequently several programmes were planned for education. Besides a fundamental educational programme and education for 'international understanding', UNESCO decided to encourage and promote adult education programmes, particularly by collecting and disseminating information on new methods and by studying techniques and the sociological background of adult education and its relation to school education.

The Fundamental Human Rights

The UN recognised the great importance of achieving and promoting the recognition of human rights and fundamental freedom for all. This was done in the hope of drawing from the last world war the lessons which would aid the peoples to achieve the highest aspirations of mankind, (UN 1947:176, 178, 523). On 19 November 1946, the UN's General Assembly passed a resolution that declared that *it is in the higher interests of humanity to put an immediate end to religious and so called racial persecution and discrimination, and calls on the governments and respective authorities to confirm both to the letter and to the spirit of the Charter of the United Nations, and to take the most prompt and energetic steps to that end,* (UN, 1947:178).

These documents clearly show the urgency with which all the members of the UN pinned their hopes for a peaceful world on the education of the growing generation. Governments were willing to create special conditions for translations of the classics, establishment of museums and libraries etc. in the hope that the works of arts and literature, in combination with usual school education, would enhance the educational process in international understanding at all levels of education. There was also a belief that a pedagogical approach to combine the contents of science, arts, and the humanities to teach and learn about solving conflicts through dialogue would foster skills in co-operation and collaboration to resolve common issues that transcend cultural and national boundaries. Every member nation was willing to play its part to establish and enhance peace and security throughout the world by educating her citizens in the art of creating equality, freedom, brotherhood and respect for human dignity through non- violence. Nuclear war was to be avoided at all costs. The UN itself was prepared to set an example in this by being a centre for harmonising the actions of nations in the attainment of these common ends and by allowing membership on equal terms, to every nation, 'large or small', that wished to join this organisation. The background to the concept of 'international understanding', (UN, 1947:703-710), shows that it is broad and multi-dimensional. It necessitates an awareness of the threats to the security of nations that could arise from frustrations and tensions among and between peoples because of the denial of fundamental human rights to democracy, peace, harmony, and daily living conditions that are free from fear and violence.

The ideology and philosophy of internationalisation in Swedish higher education, and therefore in Swedish undergraduate nursing education, thus stems from the ideology and the philosophy of the Atlantic Charter, the United Nations Charter (Articles 1 and 55), UNESCO's programme for 'education for international understanding', and the UN Declaration of Human Rights. In order to put this ideology and philosophy into practice, it has to be firmly anchored to national political, social, cultural, economical, ecological and educational policies to provide power to teachers to act in the directions intended through planning, organising, and conducting the educational process, (Högskoleverket Studies 1997:8 S). Thus it can be supposed that through the above agreements, the governments of the member nations of the UN were in fact agreeing to the following:

- To facilitate the incorporation of international understanding into education systems at all levels.
- To take political decisions which support the above agreement.
- To create educational conditions which are suitable for different levels of education to make it possible to follow this decision.
- To help and support the makers of educational policy to formulate suitable goals in the official documents and curriculum to fulfil the intentions of the international agreements.

Once the agreements were signed, each nation had to devise its own policies to incorporate 'international understanding' into its education system, which, however, is tradition bound and therefore not easy to reform. Since its foundation in 1946, UNESCO has sponsored numerous projects, seminars, conferences and publications to spread knowledge about and encourage educational policies for internationalisation. Yet it took nearly thirty years for the ideas formed in the 1940s to be introduced within the education systems. The reasons for the delay were many. Firstly, international understanding is complex and covers diverse matters. This required a decision-maker who ardently believed in the philosophy of international education. Secondly, the concentrated efforts during the post-war years to advance the economy and technology prevented consideration of human problems. Thirdly, the gap between rich and poor countries continued to widen. Oppression, racism and discrimination continued, so that finally it became a moral issue for the rich countries to act jointly to eradicate human suffering from the face of the earth. Fourthly, during the 1960s, public opinion was building up in several countries to make all efforts to avoid a nuclear war, which would mean disaster for all life on Earth.

Having joined the UN, Sweden, like other members, was duty-bound to adopt the resolutions of the UN and UNESCO and make provisions to reform the educational curriculum in order to actively participate in taking steps towards:

- the prevention of international conflicts and war;
- the creation of equality, liberty and brotherhood in all nations - rich and poor; and
- the encouragement through educational policies of a desire in all people to live in peace and harmony through joint efforts for co-operation and collaboration over national and cultural boundaries.

In Sweden, the concept of internationalisation in higher education was conceived and anchored to the national policy by Olof Palme during the 1960s and the 1970s. Therefore it was not by chance that the U68 committee was issued with directives to include internationalisation in the Higher Educational Reform of 1974. The following points can be regarded as motives for this.

The Swedish approach to internationalising education was that ideally it should account for national interests within the broader phenomena of global solidarity and interdependence. Geographically, historically, socio-politically, culturally, economically and educationally Sweden is dependent upon the Nordic countries, Europe and the world at large. Sweden's internal as well as external affairs have a commitment to the international situation. It therefore can be assumed that this awareness played a part in creating a favourable response to the Prime Minister's suggestion. Besides, research by, for example, Gesser, (1971, 1973, 1979), and put to the U68 committee, showed that it is the task of education to foster in the individual the values and the attitudes of society. This is necessary to make him or her aware of the fact that every individual has a part to play in creating a democratic society, nationally as well as internationally. In such a society, equality, freedom and solidarity are necessary characteristics in order to enhance the will to share and evenly distribute society's resources. This is important because international interdependence will only increase with time. It is not only a question of an awareness for utilising human and material resources, but also of the preservation and development of the environment across national boundaries, through mutual understanding and respect. This ought to be regarded as an important task of the future education system, (SÖ 1962:58). At the same time, in 1974 UNESCO recommended that international education policies should take into account the following:

- Promotion of global perspectives.
- Respect for all people and their cultures.
- Awareness of global interdependence.
- Ability to communicate.
- Awareness of rights and responsibilities.
- Need for solidarity and co-operation.
- Readiness to actively participate to resolve the global issues.

The Internationalisation's Committee (IU), (UKÄ 1974:21)

The U68 commission, with regards to preparing students for Foreign Service or for jobs in Sweden, which involved international contacts, had observed that:

> *For all practical purposes, educational curricula in Sweden were formulated from the perspective of...and to lend support to ...the structure of rich highly industrialised society. ...Internationalisation of education is ultimately a question of increasing knowledge and developing attitudes towards other countries and their social systems. Just as education can be formulated so as to contribute to strengthening democracy and solidarity within a single society or country, it should be reasonable to expect that education can be arranged so as to contribute to international solidarity and a more even distribution of goods and services among the nations of the world*, (U68, 1969:57).

During 1970-71 the Swedish National Board Of Education (UKÄ) in collaboration the Swedish UNESCO Advisory Board and the agency Swedish International Development Aids (SIDA) began work with the university students and teachers through seminars, workshops and study trips to include a global perspective in university education. In the light of this experience, the Chancellor of the Universities emphasised the importance of authorising a special investigating committee (*Internationaliseringsutredning* or IU) to tackle the issues of internationalisation in Sweden's universities and colleges.

After thorough and extensive work, based on contemporary research in different fields e.g. Bourdieu & Passeron, (1990 reprint); Gesser, (1971, 1973, 1979), in 1972-4 the IU presented its final proposals to the Higher Educational Reform Committee concluding in the UKÄ report 'Internationalisation of Education' of 1974. In this final report the committee clearly emphasised their ardent belief that the development of increased dependency and co-operation between nations and their peoples definitely change the conditions of the struggle for existence and thus the conditions of education. As a whole this change is not only inescapable but also desirable. But the process of internationalisation is not easy and can take an altogether unwanted form. This is why there is all the more reason through education to create conditions that enhance development. Internationalised education must be holistic, critical and value-conscious. The IU further emphasised that in wider and deeper perspectives the internationalisation of education can be a major part of university's efforts to impart to its students knowledge and skills necessary for a well-founded, critical and value-conscious approach to problem-solving. The internationalisation of education also includes, as far as possible, concern for that Swedish university education should compare and compete with university education in other countries. The committee proposed three distinct goals for the internationalisation of Swedish higher education:

Attitude goals	Openness, understanding, and respect for all people, and their cultures, values and lifestyles; insight into the relativity of one's own or national relationships, values and ways of life; positive orientation towards international co-operation and international solidarity as well as readiness and willingness to contribute towards this.
Knowledge goals	Knowledge of situations in other countries, foremost through consciousness of the differences in political, social, cultural, religious and economical structures and their relations to each other, together with different forms of interactions between nations and peoples
Proficiency goals	Ability to communicate, involving in part language skills and in part ability to establish contacts in foreign environments; to seek and obtain information regarding other nations and international relations; for comparative analysis.

(UKÄ, 1974:21:12-13)

During the processing stage the Members of Parliament considered the IU proposals for higher education system so self-evident that only the gist of the IU's proposals was finally formulated in Section 2 of the Higher Education Act, which read *Promotion of understanding of other countries and of international conditions is one of the general goals of education,* (SFS 1977:218: §2). In the Higher Education Act of 1993, (SFS 1992:1434), this particular goal is expressed in § 5.

What has happened subsequently about internationalisation in higher education has depended upon its interpretation and implications for different programmes within higher education. As a rule, the interpretations and implications of a policy in an educational programme are dependent not only upon what the official documents state but also what is considered (by those responsible for drawing up the programmes) to be right for each programme. Individual knowledge of the subject matter, and guidelines drawn from the official documents as to the interpretation in the context of each programme, facilitate implication. Section 2 of the Higher Education Act made a statement about internationalisation in very broad terms without detailed guidelines. The tremendous work done by the IU and its proposals did not come to light in the final version of the policy statement that was enacted. There was much vagueness amongst teachers and planners of programmes in the universities about what action should be taken regarding implementation of internationalisation. Both Burns, (1979a), and Opper, (1979), observed that the concept of internationalisation could be interpreted and implemented in many different ways, which in the undergraduate education had created confusion.

In undergraduate nursing education a similar situation existed. Although the idea of the internationalisation of education was appealing because of its humanitarian objectives, the real understanding and competence to tackle the content and the approach were lacking amongst most teachers. These teachers could not motivate or inspire the students enough to incorporate the concept in their respective curricula. Therefore, Neckmar, (1982:58), concluded that *It shows that the thoughts and the views behind internationalisation's goals have not been fully realised either in the university or in the schools of nursing. There is, it seems, a large gap between the intentions of the internationalisation's programme and its* *implementation in reality.* Current research on internationalisation in higher education shows that there are missing links which pose an obstacle to incorporating internationalisation smoothly into the curriculum, (Högskoleverket Studies 1997:8S). If there are missing dimensions to the problems then there are likely to be missing dimensions to the solution: It *is an example of how unhindered one can go when there are no data. ...it is important to decide what is required for a solution of the problem and whether the necessary data for a solution may be lacking. This may be due to limitations established by the bounds of our reason, or rather, the bounds of the experience that contains the data for our reason,* (Kant, 1967:57).

One important link is knowledge of the compatibility of the ideology and philosophy of internationalisation with that of Swedish undergraduate nursing education. The ideology and philosophy of nursing education is connected with that of the health care system, which in turn is a reflection of the ideology and philosophy predominant in society at large. Since the formation of UNESCO's policy for education *to foster within the young people of every nation understanding for other nations and their culture,* many changes have taken place in Swedish society and in the world at large. Therefore, the development of Swedish nursing education and the health care system are described below briefly to understand their compatibility with internationalisation. The term 'compatible' refers to ideas, arguments and principles that are suited to each other and therefore can exist together. Compatibility is dependent upon the basic scientific structure of a given organisation's theory, praxis and the ideology, which the practitioners within that particular organisation use. In order to incorporate internationalisation into Swedish undergraduate nursing education successfully, according to UNESCO'S and the IU's agreements, directives, goals and intentions, it is important that the concept of internationalisation is compatible with Swedish nursing education and health care system. Both reflect the wishes, expectations, needs and demands of individuals in society. The origin and evolution of nursing and nursing education and of the health care system in Sweden have followed the same path as in the rest of the Western world. A brief description is given below to illustrate the compatibility between their ideologies and philosophies and to illuminate how the health care system is affected by society, which in turn affects nursing education. The emphasis is on the 1970s onwards because that is when internationalisation first appeared in nursing education.

The origin and evolution of nursing and nursing education

We cannot understand the workings and use of a kaleidoscope without knowing something of how it is created. So too we cannot appreciate the development of nursing into professional status without acknowledging the basic designs and facets of the profession, (Chaska, 1990:1).

Women acting as nurses and midwives have featured in all societies since time immemorial. Next to midwifery, nursing is one of the oldest occupations in the world. Nursing may have existed for centuries, but it was not always as respectable a profession as it is today. From the middle ages until nearly the end of the nineteenth century, women from the lower social classes nursed the poor sick. Often they were prostitutes, drunkards or criminals. They had no families to care for, nor anyone who took care of them. The women in their household or their servants looked after the rich. Nursing was thus recognised by society as an unpaid and undignified job suitable for equally undignified and unpaid women. Were it not for the courage, insight and the wisdom of the suffragettes and the pioneers of organised and structured nursing education, the nursing profession might still have been looked upon as witchcraft, and as a task suitable for uneducated and unskilled women of no social status. It is therefore not surprising that, with this background, in Sweden the earliest written record of the term 'nurse' (sjuksköterska) is not found in the archives of dictionary of the Swedish Academy before 1813, when it is mentioned in connection with the rules of action in cases of contagious diseases. These rules are found in Beckman's volume of law published in 1831 where 'nurse' refers to an older woman who helps the doctor. *After the doctor has prescribed the healing medicine, the giving of it is then entrusted to the nurse*, (Bohm, 1961:13). The term 'nurse' is to be found again in a document drawn up for the Swedish Deaconess Society on 14 April 1849. The kaleidoscope of the origin and evolution of nursing in Sweden followed the same pattern as elsewhere in Europe. The history of the origin and evolution of nursing as a profession is a reflection of the history of sexism and society's views, and the treatment of women and their gentle natures. On the other hand it is a history of the importance of the basic nursing care and caring administered by nurses and midwives, (Bohm,1961;Chaska,1990;Ehrenreich&English,1973; Erlöv & Petersson,1992;SOU,1948:17).

In Sweden nurses' education has been under the direct jurisdiction of the state only since 1920. Before that the government's influence had been mediated through various other agencies, for example the National Medical Board. The schools of nursing were either private or run by hospitals. The major lines of the evolution of nursing education in Sweden can be mapped out in four different ideological phases, which, in their turn, reflect the reigning ideology, philosophy and living conditions of the people in the society of the day. Erlöv and Petersson, (1992 :193), summarise these phases as follows:

- The Christian ideology phase, when nursing was regarded as a calling.
- The medical ideology phase, when nursing became subordinate to the medical profession within the health care system of the time.
- The medical-technical ideology phase, when there was a 'technification' of nursing.
- The holistic ideology phase, when nursing has acquired status with professional autonomy, and education at higher education level.

The origin and the evolution of the Swedish health care system

Before the arrival of Christianity, the care of the sick was provided within the family whenever possible. There are tales of the poor and the homeless, without any relatives, being buried alive when they were sick and in need of care. The oldest example of what we would call the 'caring ideology' of the health care system in Sweden, as in the rest of the Western world, dates back to the New Testament which tells us about the compassionate Samaritan. The ethics of the New Testament taught that human beings were duty-bound to help and care for the injured or the sick, irrespective of who that person might be. However, as long as there have been the sick people in the society, there have also been people with the knowledge to cure them. They have laid the foundation of the modern health care organisation in Sweden, (Pontén, 1970, 1980; Qvarsell, 1982). The evolutionary process of the Swedish health care system followed specific changes from the 1940s onwards. The immediate post-war period brought many changes within the health care system. Technology and medical knowledge were expanding rapidly. Implementation of these meant increased resources - financial as well as personnel. Increasing number of staff were given short, purpose-aimed courses and were then employed to work on the wards, thus relieving the qualified staff of many of their basic duties. Equipment for examinations, diagnosis and treatment was bought, making substantial financial demands on the national budget, (Diderichsen et al., 1982; Erlöv & Petersson, 1992; Gardell et al., 1979; Gustafsson, 1987). This led Axel Höjer, chairman of the Health Care Commission of 1943, to observe that the health care system would not be able to afford a continued, limitless expansion. He envisioned a new Swedish health care system that promoted public health through education to prevent diseases. Thus cutting down the costs of expensive hospital care. His vision did not materialise until the 1980s, however, (Asplund & Asplund, 1988; Zetterström-Lagerwall et al., 1985). Contrary to his ideas, the internal functions of the hospital wards began to be organised and managed according to the principles of specialisation and rationalisation for effective production employed by industry, (Gardell, et al.1979; Diderichsen et al.1982; Gustafsson, 1987). One nurse observed, *Towards the end of training, we were influenced by Taylorism. Care began to be specialised and it was found to be cheaper and more effective if each person only managed those duties they were trained for. The round system was implemented. One day a time-study man sat in the corridor outside the surgical ward and every time we passed him we had to say where we were going and why. After a few years the student nurses ceased to be apprentices and the auxiliary nurses took over their tasks. A patient in sister Astrid's time met one nurse who gave all the nursing care required and during the seven-week stay in the hospital the patient came into contact with not more than 2-3 staff. Now-a- days the number could be between 60-70 new faces,* (Holmdahl, 1989: 50). As a result of rationalisation, nursing duties were analysed and broken up into detailed tasks similar to 'conveyer belt' principles of the industries, (Gardell et al. 1979, Petrén, 1945). Under these conditions, nurses increasingly became aids to the medical staff who in turn delegated basic nursing care to the auxiliary staff, (SPRI, 1989:272, 278,283). The patient became an object.Humanism and holism were overshadowed by technology in the planning of care. There was little co-operation or co-ordination of care by different specialists, (Gardell et al.1979; Diderichsen et al.1982; Gustafsson, 1987; Erlöv & Petersson, 1992; Holmdahl, 1989).

During the 1960s and 1970s through mass media influence there grew awareness in society about patients' rights to information and joint decision-making concerning their health care. Better education and a higher standard of living contributed to the increased demands on the health care system, (Björck, 1966-1972). To tackle these new problems, the health care system once again tried to imitate industry's organisation and administration, (SOU 1979:26). Research-based debates on the issues of health care organisation broke out. Prominent people began to voice their opinions after having carefully scrutinised the health care systems in different countries. Myhrman, (1961) considered medicine, man and society, and patients' rights to obtain information about their diagnosis and care. Berfenstam et al., (1972), and Björk, (1966-1972), wrote on the premises for health care in view of existing socio-economical realities and the challenges facing the health care system. Sjödahl, (1974) argued for more humane care, where patient was not a mere cabbage but the live centre of his of her care, with the right to receive adequate information on his or her condition and to be involved in the planning of care, taking into account his or her physical, mental, social and emotional needs and the role of the staff and the issues of their professional education in order to meet the needs, demands, and expectations of the society. Illich, (1977), wrote on inhumane health care and limits to medicine; Diderichsen et al., (1982), about health care education within social sciences; while Gardell et al., (1979), found that the health care system was being run on the 'conveyor belt' principle of industry. Pontén, (1980), wrote about gods, priests and the art and science of healing; Borgenhammar, (1981, 1989), questioned the price of health and went on to debate about the lack of faith in the health care system as a cause of ill-health; Navaro, (1981), scrutinised medicine within capitalism and found that the health care systems were old fashioned, petty, extravagant and had low productivity; Gustafsson, (1987), investigated the Swedish health care system from a histo-sociological perspective, and found that the system was in need of radical change in order to meet the needs of a modern society. In Britain, McEown, (1989:xiv-xv), discussed the role of medicine as a service to society and wrote *To put it simply, the misinterpretation of the major influences, particularly of personal medical care, on past and future improvements in health care has led to the misuse of resources and the distortion of the role of medicine. Medical science and services are misdirected, and society's investment in health is not well used.* In response to this debate Commissions were set up to investigate and make proposals for changes and innovation in the administration and organisation of the entire health care system. This concerned the hospitals and the primary health care, (S 1974: 02; S 1974:04; S 1974: 09; S 1977: 08; SOU 1979:26) as well as education of specific groups of health care personnel, (Vård-77, SOU 1978:50).

During 1980s steps were taken to re-organise the health care system. It was the decade of action, revision and further planning for the future. In Canada, Lalonde, (1974), had presented a new perspective on the health of Canadians which received worldwide attention. In 1977, the UN commissioned the World Health Organisation (WHO) to formulate a strategy based on inter-disciplinary research for health for all by the 2000, (O'Neil, 1985). This resulted in an awareness of the necessity of re-defining the concept of health from medical, social, cultural, economical, psychological and philosophical perspectives. Steps were taken to reorganise the entire health care system according to the new perspectives, (Landstingsförbund, undated, SOU 1979:26, Socialstyrelsen, 1981, 1985:4, HS 90). The challenging objectives of the WHO's constitution - the attainment of physical, social and mental well being - was transformed into the dynamic notion of 'Health for All 2000'. A major step in the progress of health promotion was the Declaration of Alma Ata, (WHO 1978), which formed the basis for planning and organising the widened scope of public health. Total patient care was emphasised in the light of the society's socio-political, economical and cultural norms, (Sjölenius, 1989:59; SFS 1982:763; SOU 1984:45-46). Changes in society were leading to enhance total patient care to promote well-being, decision making and active participation based on mutual respect for patients and staff, (Landstingsförbundet, undated; SOU 1979:26, SPRI, 1989:283). This is of importance also for internationalisation.

Internationalisation within higher education for humanitarian and survival reasons was being stressed, (Östergren, 1974). This had implications for nursing education also, (Rodhe, 1971; SOU, 1980:38 & 1983:57;UHÄ 1982; UHÄ 1982:20; UHÄ 1982:44; UHÄ 1984:13).). At the same time the difficulties involved in teaching the humanities, (Schwartz, 1970), which play an important part in education for international understanding, were being highlighted. Eradication of racial prejudice became an important task for education systems, (UNESCO, 1979), when the UN passed a Bill for Human Rights, (UN, 1975) and gave priority to human rights problems, (UN, 1981). This highlighted problems in multi-cultural societies, (Öberg et al., 1985). Nursing education was upgraded and came under the jurisdiction of the Higher Education Act. Through research based education, the act hoped to prepare the students as professionals with autonomy in the field of nursing, (Holmdahl, 1989; SOU 1979:26). Thus to promote learning about intercultural communication for conflict mitigation, supportive group work or team care, ethical judgement, high self-esteem, co-operation and collaboration over national and cultural boundaries, and for transcultural nursing, (Bel Habib, 1989; Berry et al., 1983; Ds A, 1982:6; Ds U 1984:7; Lanara, 1984; Lövgren & Runfors, 1993; Madsén, 1994; Bevis & Watson, 1989; Paige, 1986; Regan & Schutze, 1983; Rotem & Abbat, 1982). A need to improve the image of nursing was also becoming apparent, (RCN 1984; Törnquist, 1988). Ironically, Hayasaka, (1989), argued that the lack of identity was due to the fact that nursing is holistic. It encompasses so much that in practice it becomes invisible to such an extent that it is regarded as nothing.

Comparison of the current ideologies for compatibility

After a time of decay comes a turning point. The powerful light that has been banished returns. There is movement, but it is not brought about by force...The movement is natural, arising spontaneously. For this reason the transformation of the old becomes easy. The old is discarded and the new is introduced. Both measures accord with time; therefore no harm results, (Chinn, in Chaska, 1990:xv).

During the 1990s, the new perspectives on health drew attention to the specific characteristics of the professional competence required of professional nurses and midwives: the ability to communicate effectively; to establish trusting interpersonal relationships; to manage conflicts and stress; to take the initiative; to work in groups; to raise self-esteem in others; to influence the lifestyle of others; and to have a global orientation for co-operation and collaboration across all boundaries, (Leininger, 1997; Tones & Tilford, 1994). Emphasis is on health promotion. Awareness is growing of alternative ways to give holistic and humanistic care, (Björkhem, 1985; Campbell & Moyers, 1988; Keating, 1983; Lao, 1989; SPRI tryck 200, 1990). The impact of the arts in hospitals is being recognised and recommended, (Ellebaek, 1991, 1994a&b; Irjala, 1994; Keating, 1983; Kulturrådet, 1980:4, 1983:5, 1983:6, 1983:7; Lao, 1989; Strandh, 1991). This means viewing 'culture' from anthropological as well as aesthetic perspectives.

Internationalisation

The goal for internationalisation is still the same: to achieve international understanding; to promote peace and harmony in the world by preventing war and conflicts, through joint efforts for co-operation and collaboration across national and cultural boundaries; to establish democracy, equality, freedom and human dignity; to create a sense of safety and security for all. It is the individual human being who is placed at the centre of all actions. Development thus becomes a global process, and international aid acquires a new perspective within adult education, (Rydström, 1986), which is based upon a changing view about learning, (Sandström, 1981), while a willingness to know and understand is emphasised, (SOU 1995:110). The emphasis is directed towards *education for development as a means of empowering young people through promoting the knowledge, skills, attitudes of global citizenship*, in industrial as well as developing countries, (UNICEF, 1992:8-9). One objective is *to raise awareness particularly about the concept of change... Change is a global issue with specific local manifestations and differences. Locally, there is a need to live with change, adapt to it and take actions to exert influence...change as an educational issue for promoting strategies for action* [for]*...a learning process based on exploration, personal response and taking action*, (Borissova-Shivacheva, 1993:70-72).

As we approach the year 2000, there is increasing awareness of the importance of education in internationalisation with a specific emphasis on the concepts and educational considerations described in Chapter 3, (Budgetpropositionen, 1989/90:100; Delors, 1996; Gardner, 1993; Goleman, 1996; Högskoleverket Studies, 1997:8S; Leininger, 1997; SFS 1992:1434; SFS 1994:1310;UNESCO, 1990; UNICEF, 1993). There is a shift in how one views 'peace'. From viewing peace as an external phenomenon - as the absence of conflicts and violence - it is now being viewed as a combination of external and internal phenomena. Peace is seen to be the result of convergence of *the inner ecology, the social ecology, and the planetary ecology, which is achieved through holistic consciousness*, (Weil, 1990:79). Increasingly peace is viewed from different perspectives, (Elfstrom, 1990; Frost, 1996;

Mayer, 1991). Different dimensions are thus being revealed: *peace is an attitude fashioned in the mind,...it is also a mode of behaviour dictated by the heart. Peace is therefore a process in which we should all participate - men and women, adults and children. ...It is...imperative...that a balance is established between humanity and the environment that gave it birth and from which it derives life,* (Mayor 1989:99-101). Internationalisation is becoming a mass phenomenon. It is increasingly being exposed to commercial pressures because there is an increased awareness of the new globalisation of politics, the economy, ecology and technology. Mobility, not only of products but also of people, is increasing. It is encouraged in education because it permits freedom to learn which in turn enhances and ensures TQM in education, (Ministry of Education and Science, 1992).

Nursing and nursing education in Sweden

As a result of the change in paradigm, fewer people are allocated to the basic care of patients, and different models for this care have been introduced. These models are: versatile primary nursing; and pair care or group care where one, two or more nurses and auxiliaries are given the responsibility for the total patient care for single or small groups of patients depending upon their general condition. Moreover, the nurse, midwife or auxiliary works in co-ordination and collaboration with the rest of a caring team made up of doctor, physiotherapist, occupational therapist, psychologist, social worker, and other carers. Caring strategies are thereby made more holistic, and confusion and the repetition of information or actions is thus reduced. Patient and relatives are well informed, and the planning of care, treatment or rehabilitation is subject to consent from the patient and/or next of kin according to the principles of individually planned care. Nurses are increasingly becoming aware of the importance of efforts to improve the image of nursing through research-based knowledge. Emphasis continues to be laid upon: a caring curriculum; the supportive and committed role of teachers; the planning and organisation of the curriculum in partnership with students for co-operation and collaboration; and the understanding of intercultural communication, (Corbett & Wilson, 1995; Hansson et al.1989; Paige, 1986; Ornstein & Levine, 1987), for training a competent work force, (Ellström, 1992), that also understands and appreciates the aesthetic response, (Osborne, 1988), and public education, (Englund, 1986). Increasing attention is being paid to evaluation for quality assurance in education, (Dahllöf & Chinapah, 1992). New approaches are being suggested, and to some extent implemented, for education in internationalisation within nursing education at specific colleges of nursing, (Sandin, 1991; Taylor 1991). However, lack of a clear didactic strategy for internationalisation and intercultural communication continues to cause problems, (Chapter 1). This problem is urgent because, as 2000 approaches, internationalisation in education is operating in an increasingly globalised environment. Nursing education institutions of the 1990s are exposed to a greater degree of autonomy. The mobility of students, teachers and researchers is increasing, and the opportunities presented by technology as a distance learning tool. As a result demand for TQM in nursing education is increasing, (Husén, 1992, 1994; Högskoleverket Studies, 1997:8S).

The changes started in the 1980s continue to be refined. Understanding and appreciation of the ability of all health care professionals to conduct successful intercultural communication is increasing (Lea, 1994; Leininger, 1997), together with an awareness of the ethical and aesthetic knowledge needed for quality assurance, (Chapter 3). The impact of culture on health and 'the arts in hospitals' is increasingly being debated, discussed, investigated and recommended, (Ellebaek, 1991-1994b; Irjala, 1994; Strandh, 1991). The authorities are becoming increasingly aware that as service to society, the way ahead requires co-operation between political, social, and nursing theories for the articulation of explanations, which are based upon human experiences. This is to guide suitable actions that are in turn based on sound ethical judgement, to influence the lifestyles of individuals.The interventions so planned take into consideration the impact of culture on health and daily life of the individuals in the society, (Badura, 1984; Borgenhammar, 1993; Dahn, 1987, da Silva, 1990b&c; Edgren, 1992; Engelhardt, 1986; Lövgren & Runfors, 1993; Tones & Tilford, 1994). The health at work of the health care personnel themselves is also receiving attention, (Craft, 1994), as is the global environment, (Neil, 1994). As 2000 approaches, increased autonomy, coupled with increased mobility and rapidly changing technology, is leading to an increased awareness of globalisation in all spheres of the Swedish health care system.

Health care staff is committed to an ethical code that requires that they care, cure and or comfort all their patients - young and old, male or female - irrespective of class, colour or creed. The essence of care lies in the philosophy of helping fellow human beings to regain their health or to rehabilitate so that individuals can manage to live a normal life socially, economically, educationally and culturally. The health care system has a unique place in society by virtue of its function of caring for the sick, the aged and the disabled. Every citizen utilises the system at least a few times during his or her lifetime: at birth; for health check-ups in childhood; at school and in adult life; for health education for the promotion of health and for primary, secondary or tertiary prevention; during a crisis caused by acute physical or mental illness; for therapeutic help or support and rehabilitation; and in the end during terminal illness and death. Thus the health care system has a unique opportunity to influence individuals in society by promoting positive lifestyles, which in turn enhances a will to share and understand. Thus there is a potential for fostering communication and joint efforts for co-operation and collaboration over cultural and national boundaries. There are similarities between the goals of the Social Services Act, the Health Care Act, and the 1982 undergraduate curriculum, shown in Figure 6.1. Bearing in mind the explanation of the term 'compatible', the Figure 6:1 shows that the ideologies and the philosophies that affect internationalisation within the Swedish undergraduate nursing education are compatible with those of the documents, which govern it. They converge towards holism, humanism, and the individual as centre, and as such the following theoretical explanation emerges: promotion, prevention, and joint efforts for co-operation and collaboration are the key concepts. The core of the matter in each of the three related ideologies is the contribution towards the welfare and well being of human beings. This is based on the principles of democracy, equality, freedom and respect for human integrity in order to give a sense of safety and security at all times, irrespective of the circumstances.

Internationalisation aims at the welfare and well-being of human beings from a socio-political, economical, cultural and philosophical perspective in order to promote peace and harmony by preventing war and conflicts through joint efforts for co-operation and collaboration.

Swedish undergraduate nursing education aims at the welfare and well being of human beings from an educational perspective. It aims to teach students about the welfare and well-being of the human beings through the promotion of health and the prevention of disease in joint efforts for co-operation and collaboration with the patients and or their relatives through health education.

Swedish health care system aims at the welfare and well-being of human beings from a health perspective where health is related to the physical, mental, social, emotional and intellectual state of individuals. Action for the promotion of health and the prevention of diseases and related complications are encouraged as joint efforts for co-operation and collaboration with the health team and the patients or their relatives through health education.

Nursing education in Sweden, as a part of the higher education system, reflects the fundamental beliefs and basic social goals of Swedish society and offers unique opportunities. By preparing students for professional autonomy by imparting research-based knowledge of nursing, it prepares the students to scrutinise, draw conclusions and make decisions to promote health and prevent diseases through holistic health education. Thus nurses have a unique opportunity to contribute to the welfare of human beings in different countries, which in its turn can promote international understanding for co-operation and collaboration within health care services of the world. These positive effects have the potential to spread out to other areas just as ripples spread through still water. This can help to reduce tension amongst nations by resolving global issues in joint efforts through co-operation and collaboration transcending national and cultural boundaries to create the peace and harmony fundamental for the survival of the human race and the planet Earth.

Summary of the historical background

The ultimate goal of a curriculum which incorporates internationalisation is to foster into each and every nursing student an awareness of their role in private and professional life to participate actively to bring about changes in society to resolve global issues and to promote peace and harmony to preserve the human race, the global environment and the planet Earth. The background to internationalisation within Swedish undergraduate nursing education has thrown light upon the following aspects:

- The origin and the evolution of the idea of international understanding within UNESCO, its development as internationalisation within Swedish higher education, and its subsequent implication for undergraduate nursing education.

- The variables that affect a country's education system and the importance of education for international understanding within Swedish undergraduate nursing education; the dependence of Swedish society upon other countries because of her vulnerable geographic position; and the basic nature and culture of the Swedish people regarding their ideology and philosophy of humanitarian actions, avoidance of war and conflict, and a suitable general education for Sweden's students.

The undergraduate nursing education contributes by providing equal opportunities for every individual to receive education irrespective of social, economical or cultural background, or residence. This provides nursing students with the necessary upbringing and training so they can function in a democratic society. By so doing, it distributes power and decision-making in a democratic decision-making process. The basic philosophy and ideology of internationalisation is compatible with that of society, its health care system, and the discipline of nursing, upon which the curriculum is dependent. Yet nursing teachers and students find it confusing and difficult to implement internationalisation in the curriculum. Lack of concrete guidance concerning the issues of planning and conducting these activities is experienced as a major obstacle. Thus resolving the fundamental pedagogical issues - the prime concern of my research - becomes crucial, (Högskoleverket Studies, 1997:8S).

Similarities in the goals of the Health Care Act, The Social Services Act and the Curriculum for Nursing Education in Sweden in the 1980s

Health Care Act	Social Services Act	Curriculum for Nursing Education
The goal for the health care services is good health for the entire population without any discrimination i.e. it aims at providing universal and equal access to the health care services for all.	Social services of the society shall on the foundation of democracy and solidarity enhance the individuals social and economical security, equality in living standards and active participation in the society	Education shall be conducted so that the students acquire a holistic picture of the individual based on the understanding for the individuals health status and economical, social, and other underlying circumstances.
Good health care services shall be especially built upon respect for patient's decision and integrity	Social services shall be provided in partnership with the client maintaining at all times his/her integrity.	Education shall be conducted so that the students develop self-awareness and insight and thus receive training for encountering people in difficulties.
Health care in this act implies medical actions for prevention, treatment and examination in case of disease and injury.	Social services shall with due respect to the individuals responsibility for his/her and others social situation be directed towards releasing and developing the individual's and group's own resources.	Education shall be conducted so that the students are stimulated to analyse critically the information regarding important issues in the society so that they are able to contribute, to bring about changes in the society which, in a broad manner may enhance promotion of individual's health.
Good health care shall specially enhance good contact between patients and the staff. Care and treatment as far as possible shall be planned in collaboration with patients. (SFS 1982:763)	The activities for social help shall be planned with the client allowing him/her the right to co-operate and collaborate to make decisions in partnership. (SFS 1980:620)	Education shall be conducted so that the students develop a professional role that can resist hierarchy and train for teamwork in collaboration with patient/client, relatives and colleagues in own team as well as other staff.(SÖ/UHÄ,1981;SOU:1978:50)

Figure 6.1. Compatibility of the ideologies and philosophies of the official documents. (Adatia-Sandström, 1997 ©)

Chapter 7

RESULTS OF THE EMPIRICAL STUDIES

The prime interest of the present research has been to obtain support and guidance on the fundamental pedagogical questions *why, what, where, when* and *how* which arise when efforts are made to incorporate internationalisation into Swedish undergraduate nursing education as intended by the curriculum, (SÖ/UHÄ,1981), the Higher Education Act, (SFS 1977:218), the Health Care Act, (SFS 1982:763), and the Social Services Act, (SFS 1980:620). Reducing the complexity of my research has been challenging. It has involved illuminating different aspects of the different dimensions of the complexity of incorporating internationalisation into Swedish undergraduate nursing education to include both theory and practice. The common components of the educational process of theory and practice are content, approach, goals, and strategies. These require planning, organising, resources (material and human), and follow-up through assessment and examination, in such a way that education becomes reality which enhances the students' life-long learning experiences which are meaningful and contextually relevant in their private and professional daily lives, (Husèn, 1994; Knowles, 1980; Marton et al. 1977).

To unravel the complexities of a 'cumbersome subject' in a complex curriculum, six different studies were conducted. The aim of Studies 1-5 was to gain knowledge to provide support and guidance for incorporating internationalisation into the curriculum of Swedish undergraduate nursing education. Study 6 was conducted as a survey amongst different categories of students within the care sector of Swedish higher education, and amongst the teachers who were responsible for planning and organising the different curricula for the students who participated in the survey. Study 6 was a complementary study, to compare and confirm the results of Studies 1-5. Studies 1-5 illuminate different aspects of a complex educational process that combines both theory and practice. These aspects are viewed from different angles and from different perspectives. The different perspectives reveal what can influence the formation of ideas about planning and organising the curriculum to incorporate internationalisation into Swedish undergraduate nursing education.

The six studies were conducted with a strong, overall, ethnographic approach. In the descriptions of the situations in Studies 3, 4, and 5, my different roles can be detected - as the author of the dissertation, as a newcomer and stranger, as a practising midwife, as a clinical supervisor, as a teacher, and as a student. The drawbacks particularly to Studies 3, 4 and 5 are that I, as a researcher, am the bearer of certain ideas and values that can influence the final results of analysis, (Chapter 5). Internationalisation in higher education is a political decision, (Chapter 6). Therefore, in my studies participation is not only about discourse and discussion. It is about practice which must have outcomes. It is about participating in the construction, maintenance and transformation of civic practice which operates at the level of politics. Conducting the six studies has meant involving myself in the scenes studied, and then reflecting critically on the interactions I witnessed. This anthropological endeavour has meant being as objective as possible when collecting data and interpreting field notes. The data was analysed bearing in mind two levels of adequacy. The first level concerned that of interpretation. This involved the selection, organisation, and interpretation of the data from a pedagogical perspective and using the educational theories that provided me with my research framework. The second level concerned that of findings. The results should reflect aspects of educational situations in Swedish undergraduate nursing education, both during the theoretical and practical phases, which they claim to represent. In order to analyse the data adequately at these levels means that 'the voices' within the data must be heard. The voices are then interpreted objectively with a pedagogical perspective in the context of nursing. At the same time the social relations that produced the data and results are made visible. Thus the underlying professional and social contextual reality of the daily life of a professional nurse or midwife is revealed, while providing holistic health education as a part of service to society. Each study is rigorously analysed and carefully described in detail to ensure reliability and validity. It is neither possible nor considered necessary to relate all the data or to describe each study in minute detail. Each study is described in sufficient detail to provide an understanding of what it involved and what aspects it illuminates. Studies 1 and 5 are described in considerable detail, Studies 3 and 4 less so, while Studies 2 and 6 are described only very briefly. However, to do justice to these studies, there are plans to publish them separately as a series of scientific reports.

In view of extremely limited time and resources at my disposal, a pilot study was not conducted at any point. In practice, no difficulties were experienced because of not having done so. When describing the studies, a decision had to be made as to which situations reveal the most fruitful data. My own experience in professional and private life has played an important part in dictating the adequacy of the findings. The guiding criteria is that the situations are in reality connected, so that the data or its interpretation is not an outcome of an hypothesis or of preconceived ideas. Conscientious efforts were made at all times to hold back my own thoughts, feelings, ideas and theories while analysing the data. Fundamental to interpretation is the reality found in the data. This criteria has been adopted consciously to maintain validity and reliability, and thus to avoid an impression of 'anything goes'. Every step was carefully planned and carried out in order to understand and describe the different aspects of the different dimensions of the complex phenomena involved, (Feyerabend, 1988). Pearce, (1956:27), has argued that *the best observations are made by people who are content to be simple and will therefore record accurately what they see, hear, feel and smell.* Since each study has enhanced the research in a specific dimension, accuracy in collecting and analysing the data has played an important part in each.

A choice also had to be made as to the number and type of situations that could be described, partly for the sake of brevity and partly to protect the identity of the persons involved. The guiding criterion here was to choose the situations or utterances that illuminate clearly the educational aspects involved in education in internationalisation. For this, support and guidance are derived from the criteria for ***critical incidence*** described by Flanagan (1954). The instances occurred spontaneously in everyday situations. They can be easily recognised by the other members of the profession. What the utterances describe is more important than who has made them. Excerpts were selected from the elaborate narratives of the original data as examples of the points to be made in different studies, bearing in mind the ultimate aim of my research. However, the conclusions drawn in each study are the result of the analysis of all the data. In each study, the dialogues, situations, or utterances are described differently depending upon the focus of the study. Comments are sometimes made to illuminate specific points. Each study has been conducted to shed light on different aspects of the educational process involved, and thus to strengthen and develop further the knowledge gained from the previous study. Therefore comments on specific situations described in the studies are sometimes linked to arguments made in the previous chapters. The working language in each study was Swedish. The utterances are translated into English, being as faithful to the original words as possible in order not to distort their meanings. This task has been more difficult than was at first anticipated. There are words in every language for which there is no direct equivalent in others. Making a substitution often carries with it an alteration in the nuance.

Therefore, some utterances had to be re-articulated in English in order to preserve the original meanings implied by the Swedish words. The results of the analysis of the data of Studies 1 and 2 have played an important role for analysis of further data. Three main categories were discovered, as shown below in figure 7.1.

An overview of categories discovered in Studies 1 and 2

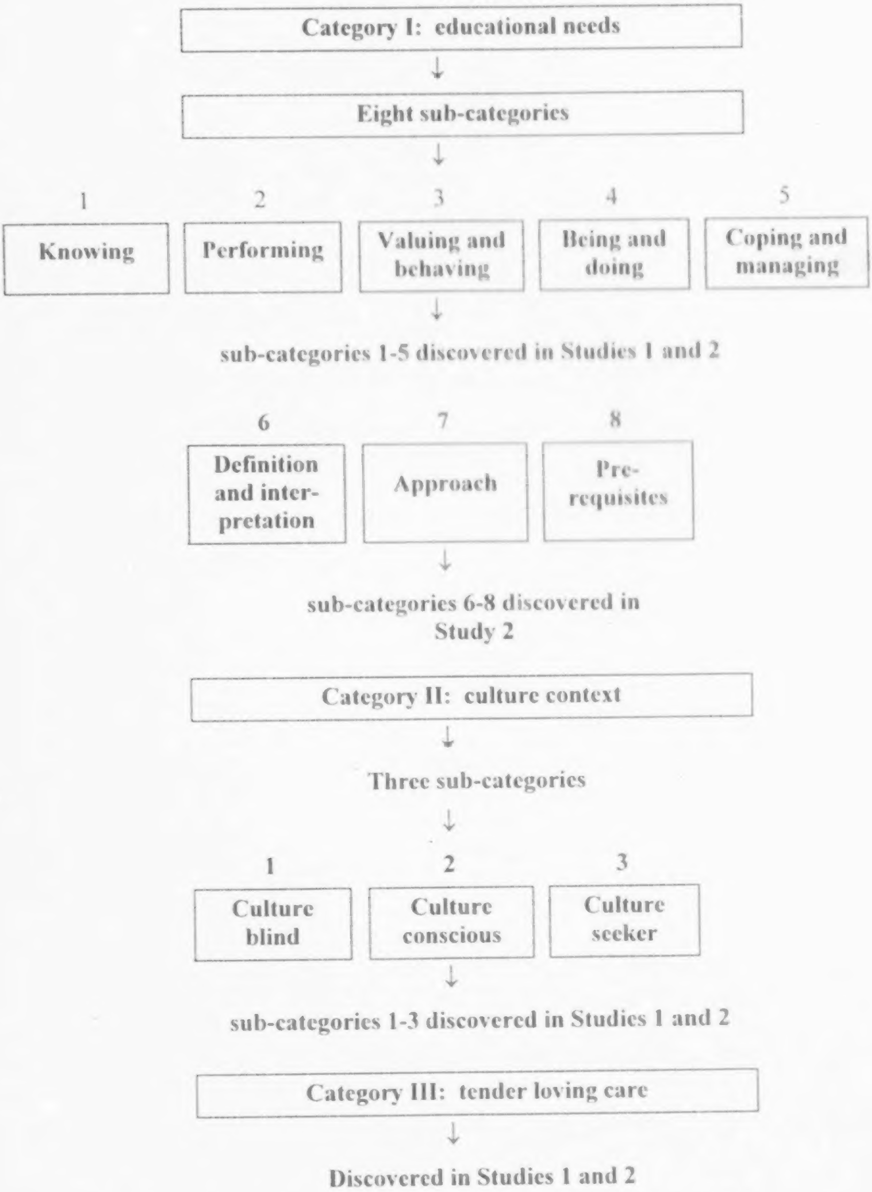

Category I: educational needs
Eight sub-categories
1
2
3
4
5
Knowing
Performing
Valuing and behaving
Being and doing
Coping and managing
sub-categories 1-5 discovered in Studies 1 and 2
6
7
8
Definition and interpretation
Approach
Pre-requisites
sub-categories 6-8 discovered in Study 2
Category II: culture context
Three sub-categories
1
2
3
Culture blind
Culture conscious
Culture seeker
sub-categories 1-3 discovered in Studies 1 and 2
Category III: tender loving care
Discovered in Studies 1 and 2

Figure 7.1. An overview of main and sub-categories. (Adatia-Sandström, 1997 ©.)

Chapter 7:1

STUDY ONE: INTERVIEWS WITH THE PRACTITIONERS

Culture is not an exotic notion...culture hides much more than it reveals, and strangely enough what it hides, it hides most effectively from its own participants...the real job is not to understand foreign culture but to understand our own, (Hall, 1981a: 30).

Study 1 was conducted amongst practitioners responsible for family planning counselling for teenagers, and was considered a suitable first step for the present research. It was argued that in a broader perspective, family planning counselling for teenagers is particularly sensitive, and the staff who provide this service require intercultural communicative competence, (Lynam, 1986). By knowing how the practitioners experience their role as professional counsellors when it comes to the need to be able to communicate successfully interculturally, it may be possible to generate knowledge necessary to introduce innovational change in the curriculum of Swedish undergraduate nursing education in order to incorporate internationalisation. By so doing it may be possible to prepare the nursing students better for their future tasks as holistic health teachers: *The study's findings urge us to articulate clearly our goals or purposes in interacting...there is a need to be aware of teenagers' perspectives on communication, in order to provide care in a manner that they perceived as being meaningful,* (Lynam, 1986:74-75).

One's own culture is often taken for granted. Taking into consideration the sub-cultural differences that may exist within the same culture, understanding one's own culture, in order to be able to communicate successfully, is sometimes more difficult than one might expect. Intercultural communication implies communication with 'strangers'. Communication with strangers requires intercultural communicative competence. The condition of being a stranger, with all its implications for intercultural communication, is determined by the fact that it is the first face-to-face meeting of individuals who have not known one another before. The underlying processes in intercultural communication are essentially the same as in communication with the strangers. The health care system is a sub-culture of society. The health care workers have a professional sub-culture of their own that shapes them as a specific group in society. It follows, therefore, that even in a mono-cultural society, every encounter between a patient or relative, and staff member or student, nurse or midwife, is an intercultural encounter that on the part of the nurse or midwife calls for an intercultural communicative competence. The encounter is often the first face-to-face encounter as strangers.

It is my professional experience as a nurse and midwife that the patient who is hospitalised is often in need of care to such an extent that he or she is seldom in a position to conduct or direct communication at will. It is the nurse or midwife who is in command of the situation, and therefore it is he/she who directs the communication. In a broader perspective, it is argued that intercultural communicative competence plays an important part within primary health care in counselling situations directed towards health promotion through holistic health education to influence changes in lifestyle to ensure a healthy life. Situations where the patient, lacking any physical or psychological barrier due to ill-health, can participate in communication, feel at ease and be able to direct the outcome of a dialogue, are therefore more often encountered within primary health care during counselling sessions. The patients attend these from choice, without coercion, in connection with preventive measures to ensure a healthy lifestyle. These are situations where, if patients are not satisfied with the content or the approach of transmitting health education or of giving information, they will leave. They may probably never return for further health education or information on preventive measures.

Patients are seldom motivated to seek advice if there is no immediate danger to their lives, as it would be in counselling for the control of a disease or disability that has already occurred. For instance, with diabetes that has already been diagnosed, if patients do not follow the advice given, their life is in immediate danger. This means that there is an element of coercion present, allowing patients little choice in how attentive they are to the information supplied. Therefore, patients often continue to attend diabetic clinics despite dissatisfactory communication, since the danger to their lives is obvious. In preventative counselling situations, a failure to communicate satisfactorily can jeopardise a valuable opportunity for establishing the trusting interpersonal relationship that is necessary for all future contacts when imparting health education with a view to influencing lifestyle. One typical situation within primary health care, when promoting health through holistic health education about preventive measures for a healthy lifestyle, is family planning counselling. Especially for teenagers, where multiple aspects of intercultural communication come to light, it is important to maintain careful dialogue even in a mono-cultural society. Teenagers belong to a sub-culture that is different from that of a professional counsellor. From an intercultural communicative perspective, some of these differences arise from differences in age, attitudes, values, worldview, wisdom, maturity, knowledge, skills, experience, language, and ethnicity. Cultural differences associated with ethnicity are differences in world view and lifestyle that have been influenced by the individual's race, religion, beliefs, language, nature and the cultural environment where the individual has grown up, that collectively influence their basic education, and knowledge about health in general. Of particular relevance to family planning counselling, are his or her views on birth, death, health, ill health, family planning and sexuality. One's view on sexuality is intimately related to culture, and play a significant role in communication and in resolving role conflicts in everyday situations. This implies that a professional nurse or midwife who is responsible for imparting health education about preventative measures requires intercultural communicative competence.

The formalities of Study 1

My own experience as a professional nurse and midwife and as a teacher, together with knowledge gained from the background to 'international understanding' in the Swedish higher educational system, guided the planning of Study 1, (Hammersley & Atkinson, 1995). Incorporating internationalisation into the Swedish undergraduate nursing curriculum was emphasised by the official documents. Support and guidance for planning and organising the curriculum was therefore necessary. However, the important question was whether the practitioners actively engaged in counselling within primary health care also felt a need for education in internationalisation. Hence the focus in Study 1 upon whether practitioners responsible for family planning counselling of teenagers experience a need for education in internationalisation for future nurses and midwives. To facilitate a friendly dialogue without being too pretentious the three central questions (Chapter 2) were re-articulated in simple words. The following questions were used as a guide:

- ***Do you consider that education in internationalisation is necessary for you to be able to function as a family planning counsellor for the teenagers within your profession?***
- ***Have you received education in internationalisation, which facilitates the performance of your job?***

These questions were further simplified where necessary so that unstructured informal dialogues could be conducted for in-depth interviews. The questions prevented the interviews from becoming social conversations without a purpose. Data thus collected was analysed using a combination of ideas from different qualitative methods as described in Chapter 5. The following six professionals were interviewed separately:

- One midwife at the family-planning clinic for teenagers - a female.
- One midwife at the hospital family planning clinic - a female.
- One gynaecologist at the health centre for university students - a male.
- Three social workers working jointly at the maternity unit in the hospital and within primary health care - all females.

The participants were all experienced counsellors. The length of their experience was between five and fifteen years. They were well established in their professions and had gained a reputation for being committed to their work. They were all liked as clinical supervisors by the nursing students who came in contact with them during their practice. They had also shown, during student assessment, an active interest in the issues, which concerned Swedish undergraduate nursing education. They were therefore considered suitable persons to interview for the purposes of Study 1. The participants were first contacted by telephone. A brief presentation of the planned study was given to each of them. They were then asked if they would be willing to participate in the study. All of them had agreed without hesitation. They were enthusiastic, and looked forward to their interviews with pleasure. A date and time were fixed with each of them. It was envisaged that it might be possible for each participant to set aside around 60 minutes as long as the interviews were conducted at their place of work. This was found to be convenient by all the participants. A letter of confirmation, with the guiding questions, was then sent to each of them (Appendix 1)

At the interview, I was glad to have been allowed the opportunity to conduct the interviews, and was touched by the spontaneous interest and enthusiasm shown by all the practitioners in the study. On arrival I was cordially received in a pleasant room. Not only were the practitioners enthusiastic about the study, but they considered themselves privileged for having been chosen to give their opinion on an issue which affected their professional work and was therefore important to them. Thus both the pleasure and appreciation was mutual, which made the dialogues relaxed and yet deep in subject matter. Although the time agreed upon for each interview was one hour, in actual fact each interview went on for much longer. The participants willingly and knowingly allowed more time because they considered the issue important and the interviews exciting. After the preliminary greetings, the following points were explained carefully at each interview, emphasising that I was:

- not going to conduct a structured interview. Instead I had hoped and planned for a spontaneous, friendly dialogue, drawing guidance from the questions enclosed in the letter confirming the interview. The interviewee was to feel free to share with me his or her comments, reactions, thoughts, advice, or suggestions based upon his or her experience as a practitioner concerning education in internationalisation;

- going to listen carefully, asking for further explanations when and if I found it necessary, in order to avoid speculation and misunderstanding; and

- going to write up the interview by hand while it progressed. I would stop at intervals and read aloud what had been written to ensure that the practitioner's own words had been taken down, at the same time giving him or her a chance to comment and suggest alterations if and where necessary, in order to clarify exactly what he or she had meant.

The dialogues that followed were spontaneous and, on the whole, kept to the subject matter set out by the questions in the letter. However, as is natural in such circumstances, other irrelevant subjects like children, clothes, holidays, and personal grievances were also discussed and written down as a part of the interview. The interviewees talked freely, expressing their views on the inclusion of internationalisation into Swedish undergraduate nursing education. Occasionally additional questions were put in order to get concrete answers to enhance understanding. These questions were: *What do you mean? Can you give an example? What do you mean by these words*? or, *Is this what you mean - have I got the right words?* All interviews were hand-written in the same exercise book for safekeeping and for easy reach for consultation, affirmation and comparison later. Writing took place simultaneously as the practitioners spoke, so that almost all that was said was taken down at the same time as dictation. During the interview each respondent was allowed sufficient time to reflect upon his or her answers. Whenever there was confusion or a doubt, what I had written was read out aloud to provide an opportunity to make alterations if necessary.

Processing and analysis of the data

Having received a positive response at the interviews from all the practitioners, I was duly encouraged to proceed further and analyse the data systematically. The scientific analysis was carried out in two stages.

Stage I: first analysis

Each interview was carefully read in its original form to get acquainted with the data and thus form an overall, holistic view of the contents of the written text. At this stage, I found it was easy to discard the practitioners' perspectives and begin to view the data with my own interpretations. Therefore, in order to establish objectivity regarding distance (from me), and intimacy (to the speakers of the text), the following steps were taken:

- Each interview was rewritten, exactly as it was in the original version, partly to expand shortened words and partly to take the opportunity to learn to view the data from the practitioner's point of view, (Francis, 1993), without interpretations or speculations. This step was taken in order to be able to live through the interviews, through the perspective of each person who had spoken the words that were written down. Each interview, written on separate sheets of papers, was then filed. This step contributed to the detaching of the author's own views about the matters discussed, which was necessary to remain true to the data.

- Each interview was then carefully read once again, and all that was irrelevant (for instance references to home, children, holidays, and hobbies) was struck out with a pen. Once again what was left was rewritten on fresh pages and filed.

- Each interview was re-read several times. At first it was not easy to make logical sense of the content. Eventually an attempt was made to read the data searching for clues to the questions which had been used as a guide.

- Each interview was re-read, bearing in mind one question at a time. All that was said in answer to first question (regarding a need for internationalisation in nursing education) was underlined. The words which referred to the content of the second question (if the practitioners had received education in intercultural communication), were underlined in a different colour. All that had been underlined was copied down on separate pages. A summary was made of the answers to each question, taking care to preserve the participants' own words so not to distort the meanings implied by the interviewees.

Some general points of interest from the first analysis

Having reduced the data as described above, each interview was read several times *with an aim of accessing awareness of, and reflection on, direct and particular experience,* each practitioner had chosen to talk about, (Francis, 1993:69). From the first analysis the following general points of interest emerged.

The respondents had chosen different dimensions of the guiding questions that they wished to answer. Depending upon their own experiences, the respondents had followed different courses when they had given answers to the same questions, yet qualitatively there were similarities. A pattern could be detected in the expressions they had used concerning specific aspects of their work in connection with intercultural communication. The difference was in the emphasis each person had laid on these aspects depending upon their speciality.

In the interviews, the practitioners had dealt with the practical aspects of coping with daily situations as a professional nurse or midwife in a multi-cultural society. They had talked about their own experiences, where experience was implied to refer to *gaining of knowledge or skill which comes from practice in an activity or doing something for a long time rather than from books,* (Longman's Dictionary of Contemporary English, 1987:355)

Within the reduced data there was a clear delineation found to exist between midwives and other categories of practitioners. The midwives viewed undergraduate nursing students as potential midwives, a fact, which influenced their specific interest and concern for the curriculum. As the midwives of the future, the contemporary nursing students were regarded as the inheritors of the traditions of midwifery in the caring culture of the discipline of nursing. The midwives therefore talked about their experiences, carefully paying attention to what might contribute to the training of future midwives. They were anxious that they should receive the education that would enable them to cope with the needs of present and future society. They also considered it important that the future midwives, on the basis of their undergraduate nursing education which had prepared them as responsible, autonomous professionals, were also able and willing actively to preserve and develop further the unique traditions of the art and science of nursing and midwifery. The gynaecologist meanwhile regarded the nursing students as future co-workers in close co-operation and collaboration either as professional nurses or midwives. The social workers viewed the nursing students as the future central figures. Without the contribution made by the professional nurse or midwife, it is difficult for social workers to become involved in the support and organisation of the social aspects of the holistic care of the patients. Both the gynaecologist and the social workers viewed the professional nurse or midwife as *the spiders who wave and glue together the important threads in a web, of the health care team.* It was interesting to note that their respect for professional nurses and midwives, and their metaphoric description of their centrality, was in agreement with Thomas, (1983). Central to all the dialogues was an awareness of the important role a professional nurse or midwife has as an holistic health educator, while providing care to influence the lifestyle of all the individuals in society irrespective of class, colour, creed, age, or gender. They were all anxious to have as co-workers people who had received education to prepare them for work in co-operation and collaboration with different categories of patients, students, and staff in joint efforts transcending cultural and national boundaries through intercultural communication. The practitioners had expressed this need, basing it on their own experience of situations encountered during their daily work. The reduced data gave a positive impression of the need within the health care system for professionals who have received education in internationalisation. Further analysis was undertaken during the second stage.

The dialogues also gave a faint outline of the major concepts, their nucleus, and the shared key components, an outline that was strengthened in subsequent studies. This provided the foundation for the research framework described in Chapters 3 and 4.

Stage II: advanced analysis

For the advanced analysis, all data from the first analysis was held to be equally important. All the utterances were analysed further by probing deeper into the words used by each practitioner during the interviews, as follows.

Each interview was re-read from a pedagogical perspective in order to reduce it to a manageable quantity of material that was meaningful and fruitful for the purposes of the present research. To draw conclusions, two processes then followed simultaneously: reduction and reflection. The data from the first analysis was divided into meaningful units of expression, (words and sentences). The material was re-read several times to identify words and expressions which had a specific meaning. These words/expressions were 'sound knowledge', 'matured personality', 'empathy', 'active listening', 'culture', 'communication', 'cultural encounters', 'health', and 'patient-centred care'. These expressions were used by all the practitioners but to varying degrees and with varying emphasis. Each interview was compared with the list of expressions, and every point each person had made about internationalisation in connection with his or her own experiences was marked. These expressions were then abstracted and their meanings re-examined. The data from each interview was then analysed in order to become aware first of the similarities and differences in expression, in order to understand the meanings, and finally to find categories for descriptions in pedagogic terms for generalisation, (Alexandersson, 1994; Francis 1993).

Once the data had been organised into meaningful units, the information thus available was found to be difficult to utilise in the form it had now taken on. The data had been organised to illuminate the practitioner's experiences of the need for intercultural communicative competence to function satisfactorily as professional counsellors. But it was found that the data now had received a form where the importance of the points made appeared to shift depending upon the perspective employed to view them. It acted like a kaleidoscope, presenting different patterns depending upon the perspective used, whether sociological, psychological, philosophical or pedagogical.

All the data was therefore re-read several times from only a pedagogic perspective. A specific trend in the dialogues became clear. The expressions used by the different practitioners appeared to belong to specific 'clusters', and they were arranged in columns, each accommodating a different cluster. Expressions that had similar meanings were placed in the same columns. Six distinct columns appeared at first, which on reconsideration were reduced to five because two of the columns conveyed the same message. Being unaware, at first, of the messages of the 'clusters' of expressions in each column, the columns were labelled from 1 to 5 in order to keep them separate. In reading the columns using a pedagogical perspective, specific characteristics were recognised within each 'cluster'.

When the perspective was narrowed down specifically to deal with the planning and organisation of the curriculum for Swedish undergraduate nursing education, each column had expressions that clearly described a specific characteristic of an educational process. The analysis showed that the practitioners, on the basis of their experience as counsellors, had expressed what is required for them to fulfil the demands made upon them as professionals to provide holistic health education, and to influence the lifestyle of the patients with different cultural backgrounds. The practitioners, in describing their experiences, had brought to the surface the abilities they need to cope with the intricacies of intercultural encounters when counselling. The utterances threw light upon the specific aspects that need attention when planning and organising the curriculum for undergraduate nursing education in order to instil in nursing students the skills which the practitioners considered to be essential.

Results of the combined analyses of all the dialogues

The utterances were found to describe an overall category, which was termed Educational Needs. Each of the five columns contained clusters of expressions which, represented a separate sub-category of the ***Educational needs***. Each sub-category described distinctly a specific characteristic of the abilities of the practitioners to cope with the intricacies of intercultural encounters during counselling as follows.

Knowing here implies receiving basic knowledge from research-based facts about the different aspects of education in internationalisation. This includes, for instance, the term 'culture', which means viewing the term from anthropological as well as aesthetic perspectives. It involves knowing about one's own culture and other cultures, and the similarities and differences between them. It also includes knowing about communication in general and intercultural communication in particular. This leads to knowledge of the impact of culture on the health of an individual and the role of the nurse or midwife in influencing the lifestyle of each individual through holistic health education intended to promote health. This would mean knowing about the structure and organisation of Swedish society and the Swedish health care system. In the broadest sense, all this amounts to knowing how to utilise and develop further the basic knowledge of private and professional daily life as life long learning.

Performing means training to acquire the skills necessary to conduct successful intercultural communication, to be able to establish trusting relationships with patients, relatives, and staff to prevent misunderstanding, misapprehension, and conflicts.

Valuing and behaving means acquiring through education positive attitudes towards strangers, irrespective of class, colour, creed, age, or sex.

Being and doing means becoming self-assured, self-confident, and mature; only then is a personality with high self-esteem developed. This is necessary for wise decision-making based upon ethical judgements for the planning of patient-centred individual nursing processes in different situations.

Coping and managing means being creative when solving problems by planning the nursing process in partnership with the patient and in co-operation and collaboration with other members of the health care team through successful intercultural communication.

Control of Category I: educational needs with five sub-categories

These categories were related back to the original data and checked and re-checked. Once it was certain that the source of data corresponded to the categories, each sub-category was allocated equal importance and had the same value within the curriculum. The interpretation of the data as described above was checked with four different individuals. Firstly with a male from a professional background as a scientist and teacher in subjects very different from nursing (nuclear physics and mathematics), in order to gain an unbiased opinion. He had access to all the data. Having received a positive response from him, the categorisation was then re-checked with three health care teachers. Of these, one was a colleague with whom the author was closely working, and the other two were colleagues who were responsible for other groups of students. Different parts of the columns and the dialogues were viewed by each of these three colleagues at different times. Each person was approached separately and shown the columns with their words and expressions, and the categories used to describe the columns. Each was then asked to check if the interpretations were correct. Each was asked to give spontaneous, honest reply. The controls also found that the sub-categories closely reflected the central goals of Swedish undergraduate nursing education, and that there was no value order amongst them. The sub-category 'Knowing' represented knowledge, 'Performing' represented proficiency skills, 'Valuing and behaving' represented attitudes and values, 'Being and doing' represented personality development, and 'Coping and managing' represented problem solving ability. Having thus satisfied the demands of categorising of the bulk of the data, the remaining parts of the dialogues were written down on separate pages and processed further. From the data that remained, two more categories emerged.

Category II: Culture context

Once the data that could be categorised under the heading 'Educational needs' had been removed, information remained that was read and re-read several times to understand its essence. The clusters of expressions could be divided into three columns. These words and the expressions revealed another kind of specific information that concerned aspects of the persons themselves in connection with cultural encounters, as a part of their work; in other words, their own insight, understanding, and commitment to the subtle issues of intercultural communication during counselling. Because of the nature of the information, it was termed ***Culture context***. Here again three sub-categories emerged in a distinct hierarchy: ***Culture blind, Culture conscious***, and ***Culture seeker***. In category II was found a value difference amongst the sub-categories, with 'culture blind' at the bottom and 'culture seeker' at the top as the ultimate educational aim.

Culture blind people were those who mentioned the term 'culture encounters' positively in their interview and who also said that internationalisation is necessary and important in health care educational programmes. But, when probed further, and asked if they took any particular steps to facilitate a cultural encounter, it was revealed that their involvement did not go any further than uttering fine words. Insight, understanding and commitment to the cause were lacking from their actions in actual situations. Their answers did not reveal that they actively and consciously accommodated cultural aspects during counselling, for example by allowing more time to accommodate language difficulties or differences in views on health and ill-health.

Culture conscious people were these who had become aware of the impact of culture on health issues in connection with counselling immigrants and teenagers. Whenever possible, they did what they could to make the encounter a smooth one. They either had or had not received any special education in the subject. They did not make any special effort to acquire the new knowledge by attending conferences or reading articles, for example. They played it by ear, keeping alert their cultural context and adjusting their methods to the needs of their patients, whom they viewed holistically.

Culture seeker denotes those who were interested in foreigners and were acutely aware of cultural encounters within the health care system. They wished increase their existing knowledge and experience of the phenomenon of intercultural encounters, which they did by attending conferences, reading and meeting people. They possessed a well-developed cultural context. When making appointments, they allowed more time for clients from a foreign culture and asked for an interpreter when necessary. They made the intercultural encounter a learning experience, and used it as a reference point in improving the quality of their work.

Category III: Tender loving care (TLC)

The data that was left over after compiling Category III contained information that was imparted quite spontaneously by only one practitioner. The message it reveals is important, and has relevance for planning and organising the curriculum for Swedish undergraduate nursing education in order to incorporate internationalisation as a distinct activity in the context of 'nursing'. This remaining data was thus categorised TLC because it reflected the essence of caring in nursing. In so doing, the category TLC becomes important because, within the undergraduate nursing curriculum, care and caring has a central role. Thus the category TLC links together the other categories where they are related to the curriculum in the context of nursing care and caring.

The choice of the expressions used to describe the above-mentioned categories was intuitive. Each description clearly distinguished the inherent characteristic of the category it represented in the context of the curriculum in question, thus making it easy to understand the meaning of each description, and to recognise the expressions in the data in relation to the meaning of each category.

Examples of utterances

As explained in Chapter 7, for the sake of brevity I have chosen to present examples of utterances of the TLC category only. These were to be found only in one dialogue. The utterances, which generated the categories 'Educational needs' and 'Culture context' were found in all dialogues. Some of the aspects were intermixed in some of the interviews. The sub-categories were not distinct and clear in these dialogues. However, in some dialogues, the practitioners had talked directly about certain aspects that were clearly delineated, and therefore easier to recognise as sub-categories. The dialogues were well articulated because the practitioners were experienced professionals, or clinical supervisors or lecturers for student nurses. Therefore, they had an understanding of the issues at work in undergraduate nursing education. The dialogues took place at a time when a shift in the reigning ideology and philosophy of the Swedish health care system and nursing and nursing education was taking place, (Chapter 6). As a result, there was lively discussion of certain issues both by the general public and by professionals and administrators within health care organisations. The interviewees were therefore well aware of, and in agreement with, many important aspects. These were mirrored in their choice of words and expressions used in their conversations. For instance, each practitioner expressed their own views about the holistic view of man, patient-centred care, interventions for health promotion, holistic health education to influence lifestyle to prevent ill-health, individually planned care in partnership with patients or relatives, teamwork in co-operation and collaboration with different categories of health care personnel, and professional behaviour and team work to meet the intentions of the Health Care Act, the Social Services Act and the Health Care during the 1990s. In this connection no one expressed diverging opinions. This was only deviated from the perspective each practitioner had viewed his or her profession, which also influenced the emphasis they laid upon certain aspects. The expressions varied in nuance, choice of words, and their order, so that sometimes the message was clear-cut and sometimes involved.

Example of utterances in the category TLC

I have worked here for over fifteen years and now I am tired. What I long for most is someone to talk to...someone who understands and cares...here at work... Counselling can be demanding...even stressful...I often have headaches and find it difficult to sleep after a long day at the clinic... I have actually made up my mind to apply for a transfer... The students cannot learn to care for others if nobody cares for them... One cannot give the care and attention that one has never received...

The above excerpts were further analysed as units that conveyed a specific meaning, as follows:

'worked here for over fifteen years' - a long time, which indicates well-grounded reflective thinking.

'I long for someone to talk to...someone who understands and cares... here at work' - a longing for fellowship and mutual care and caring amongst colleagues.

'Counselling...demanding...stressful..' - an analysis of the characteristics of counselling

'Headaches...difficult to sleep...long day at the clinic... transfer...' - signs of impending burnout because of a difficult working situation

'The students cannot learn to care for others if nobody cares for them... One cannot give the care and attention that one has never received...' – conclusions: a lesson to learn in preparing students for a demanding profession.

In combination the units conveyed to me a message from someone who wanted to say *In my work I also need some one who looks after me... someone who cares as to how I feel and how I cope with my work... someone who is gentle, warm and kind towards me so that I feel safe and secure to allow me to grow and thrive...so that I can cope with the trials and tribulations of my daily work...we are not aware of our emotional needs...we have not been made to think about ourselves also as human beings with human needs...we should learn about it during our education... if you want your students to manage the demands of counselling pay attention to these aspects too... you cannot give what you have never recieved...*

The most important words in her dialogue were *human care for human students conveyed during education. One cannot give what one has not received (man kan inte ge det man har inte fått)*. The words conveyed a need for TLC, which sums up the meaning of 'nursing' for me. Thus phenomenologically, TLC emerged as the essence of nursing care and caring, and also illuminated the need for a caring curriculum incorporating internationalisation into Swedish undergraduate nursing education. Thus Category III was discovered. This in turn gave a faint outline to the educational considerations, which are described in chapter 4.

During Stage II of the analysis, a faint pattern of the major concepts, nucleus, shared components and the key aspects had appeared when the dialogues were analysed with a pedagogical perspective. The interviews were found to have specifically pivoted around them. Each practitioner had chosen to talk about the major concepts and their nucleus by emphasising the shared components and their key aspects. The pattern of concepts, components and key aspects became more apparent, and was strengthened and developed further in each subsequent study, and eventually provided the foundation for the theoretical framework.

Conclusions

On the basis of the results of the advanced analysis it could be concluded that the practitioners were enthusiastic about incorporating internationalisation into the curriculum without any reservations. The categories educational needs, culture context and TLC may have a potential for support and guidance to incorporate internationalisation into the curriculum for undergraduate nursing education. Further the faint pattern of educational considerations and of the major concepts and their components may provide support for constructing a framework for my research to find out if the ideology is compatible with the reality.

Summary of Study 1

In order to gain support and guidance for incorporating internationalisation and intercultural communication into Swedish undergraduate nursing education, Study 1 was conducted as interviews among six practitioners of both genders who were engaged as counsellors for family planning for teenagers. The data was analysed in two stages. The analyses showed that the practitioners do experience a need for intercultural communicative competence to be able to function as counsellors for teenagers in health education for family planning. None of the practitioners had received specific education in internationalisation. Lack of intercultural communicative competence was often experienced as a reason for unnecessary misunderstandings, misapprehensions, disagreements and conflicts because of culture clashes that lead to distress, and in some cases gave rise to stress symptoms like headache, insomnia, pain, and tension in the neck and shoulders. The analysis of the data showed that the experience of practitioners of the need for education in internationalisation could be viewed from three different angles when it comes to planning and organising the curriculum. The three main categories were: Category I, 'educational needs', had five sub-categories – 'knowing', 'performing', 'valuing and behaving', 'being and doing' and 'coping and managing'; Category II, 'culture context', had three sub-categories – 'culture blind', 'culture conscious' and 'culture seeker'. Category III 'tender loving care', had no sub-categories.

The contribution made by Study 1

Study 1 provided data out of which emerged three distinct categories as support and guidance in the realities of nursing practice. The categories - educational needs, culture context, and TLC - further illuminated the content and teaching approach using major concepts, their nucleus, shared components and their key aspects, to incorporate internationalisation into Swedish undergraduate nursing education. However, the utterances from the different practitioners were remarkably similar when it came to expressing the need for education in internationalisation in Swedish undergraduate nursing education. The lack of any controversial views was obvious. The difference between ideas and practice emerged only when the practitioners were specifically asked to describe how they managed the culture aspects in practice. This was shown in the category 'culture context'. The question arose whether the ideology of education for 'international understanding' is only a vision and cannot be compatible with the realities of educational programmes. Therefore it was considered necessary to interview some experts in order to strengthen the support and guidance which had emerged from the interviews with the practitioners. Study 1 thus led to Study 2.

Chapter 7:2

STUDY TWO: INTERVIEWS WITH THE EXPERTS

The improvement of education and the understanding of education as a social phenomenon is possible only by the gaining of a thorough knowledge of the structure and teaching in its cultural context. (Lundgren, 1977:6).

The very positive response received from the practitioners in Study 1, to the need to incorporate internationalisation into Swedish undergraduate nursing education gave basis for scepticism which made me plan Study 2.

Formalities of Study 2

Study 2 was planned as interviews with experts in the same way as Study 1. Please see Appendix 2 for the letter of confirmation with guiding questions. It was assumed that by interviewing the experts on how they viewed education for 'international understanding' in Swedish higher education, it might be possible to gain support and guidance for incorporating internationalisation into Swedish undergraduate nursing education. The focus of Study 2 was on the views of the 'experts' regarding internationalisation. As a guide for the interviews the central questions were slightly re-articulated as follows:

- ***What is internationalisation of education? What is your definition/ interpretation of 'international understanding', which you consider suitable for Swedish undergraduate nursing education?***
- ***Is internationalisation important and necessary in Swedish undergraduate nursing education? How can it be implemented in the context of nursing?***

The same method that was used in Study 1 was employed at all stages. During the interviews, sufficient opportunity was given to the participants to reflect on their answers. The following six persons were chosen as interviewees:

- A researcher in internationalisation at a teacher training college - female
- A researcher in internationalisation at the Department of Education - male
- A researcher in intercultural communication at the Department of Education- male
- A researcher in medicine and culture at the Department of Social Medicine - female
- A director of studies at the Faculty of Medicine - male
- An administrator for internationalisation at the Faculty of Medicine - male

Once again, my study concentrated on a few interviews but with people who, as experts, were particularly suitable for the purposes of Study 2. Either their jobs involved taking action to promote internationalisation in education within the care sector, or they conducted research either in internationalisation or intercultural communication with a pedagogical perspective. Each of the above-mentioned people had experience as a teacher. Their present jobs involved teaching either full-time or part-time. Their teaching involvement varied from being responsible for the whole curriculum to being responsible for only a specific subject. Of central importance was the fact that they were all well initiated into the necessity to solve the pedagogical issues in connection with incorporating internationalisation into the curriculum of higher education. At the interviews, the same positive response was received as in Study 1.

As in Study 1, some aspects were intertwined in some interviews, while in others the experts talked more directly and clearly. They had understanding of the pedagogical issues in connection with incorporating internationalisation into Swedish undergraduate nursing education. The dialogues with the experts centred on the theoretical aspects of coping with daily situations as a teacher responsible for planning and organising a curriculum for a higher educational programme to incorporate internationalisation, for example, into undergraduate nursing education. The experts talked about their views concerning education for international understanding as applied to undergraduate nursing education. Each expert emphasised his/her speciality or field of research and daily work. Each talked at length about the issues connected with his/her own work. The researcher in internationalisation talked a great deal about 'global perspective' and 'global awareness', while the researcher in intercultural communication talked of education to enhance intercultural encounters through 'intercultural communicative competence'.

There was a clear gender demarcation in the dialogues. The women emphasised consciousness for emancipation of female professionals. In this respect, this gender aspect was absent from the dialogues of the male participants. An awareness amongst all the experts of the demands made upon professional nurses was remarkable. Four out of six interviewees mentioned incorporation of activities for a 'caring curriculum' as fundamental in the curriculum of undergraduate nursing education in connection with internationalisation. The dialogues with the experts showed a concern for the 'scientification' of the educational process by employing a theoretical anchorage for the didactic process, and thus moved on a theoretical level. Central to all the dialogues in Study 2 was an awareness of the necessity of providing support for the 'scientification' of undergraduate nursing education within the higher education system so that both the content and the approach for incorporating internationalisation were research-based.

Results of the data analysis

During advanced analysis there at first appeared to be eight columns of 'clusters' of different expressions. On probing further into the meanings of the expressions, it was found that the columns made a 'natural fit' with the overall category 'educational needs' because the interviewees had categorically talked about the essential aspects of a didactic process in connection with incorporating internationalisation into Swedish undergraduate nursing education. Five of these columns had expressions to 'fit' the sub-categories of Study 1. The expressions in these columns broadened the descriptions of the sub-categories 'knowing' and 'performing', while the sub-categories 'valuing and behaving', 'being and doing', and 'coping and managing' remained unchanged. The sixth column represented expressions about definitions and interpretations. The seventh column represented expressions about teaching approach. The eighth column represented expressions that concerned the competence of the teachers who were responsible for incorporating internationalisation into the curriculum. Thus from the content of the new columns emerged the following three new sub-categories.

Definition and interpretation means the implication of 'international understanding' in the curriculum for Swedish undergraduate nursing education in order to make it possible to implement the underlying ideology and philosophy of the official documents in the context of nursing.

Approach means the necessity of a scientific anchorage for the specific content and teaching methods, employed to incorporate internationalisation as a distinct activity in the context of nursing.

Pre-requisites means the specific characteristics, interest, experience, knowledge, and commitment of the teachers responsible for incorporating internationalisation into the curriculum in accordance with the intentions of the official documents.

The remaining data was also found to contain expressions with a 'natural fit' with the categories culture context and TLC. Within the category culture context, the expressions of the experts could be sub-categorised as in Study 1. Within the sub-category 'culture blind' the interviewee had quoted official documents but did not give any concrete examples of specific activities that were incorporated to enhance within the students' 'respect' for individual human beings that the interviewee had emphasised in the dialogue. Visits abroad and 'U-country medicine' had a tone more of an 'exotic' or a 'done thing' experience, rather than a life-long learning experience for the students, to enhance empathy and compassion for those less fortunate people in underdeveloped countries. Hence there was a 'natural fit' with the description in Study 1 of pretty words but no action. In the sub-category 'culture conscious', the interviewee was aware of the problems involved in cultural interactions and the necessity to take action to reduce the difficulties. The interviewee took simple steps to ease the situation but was not actively committed to developing further the knowledge and skills for intercultural encounters. The 'natural fit' rested in the active awareness of the impact of culture when resolving 'here and now' situations. In the sub-category 'culture seeker', the interviewees were committed researchers in the field of internationalisation, intercultural communication, and culture. They were involved in actively developing and disseminating their knowledge and skills for successful intercultural communication. The 'natural fit' lay in their commitment to a self-actualisation activity.

Finally, after this categorisation, some data from four of the dialogues remained that had elements of the category TLC. The utterances showed an awareness amongst the experts of the complexity of nursing education, the physical, mental and emotional demands made upon professional nurses, and their concern and conviction for an humanistic, caring curriculum for undergraduate nursing students. The 'natural fit' lay in the belief of the experts that a caring and harmonious environment enhances both teaching and learning. The utterances that generated category educational needs and culture context were found in all the dialogues. However, not all the sub-categories of the category educational needs were found in all dialogues. In category culture context, the dialogues showed one sub-category each. Category TLC was found in four out of six dialogues.

Example of utterances

The same criteria as Study 1 have been employed for choosing the examples. In view of the similarities in the dialogues, the examples of utterances chosen are those which express in clear words the meanings which the categories represent. The quotations are elaborate in order to illuminate the different aspects involved and thus provide a holistic image.

Category I: educational needs and the three new sub-categories

Definition and interpretation: *I cannot define it so that it would cover all that I think it is meant to cover. For all education it means having a global perspective on the whole curriculum... Internationalisation cannot be confined to a few selected concepts or areas... For nursing education the concept would also involve culture and communication in the context of nursing ... It involves encounters with human beings of different cultural backgrounds and the existential questions arising thereby... Internationalisation definitely is not only the following:*

- *Superficial knowledge about the immigrants often based on wrong facts.*
- *Short study visits abroad more as fun rather than as a learning experience.*
- *About other cultures.*
- *Descriptions of only the misery in the underdeveloped countries.*
- *Occasional lectures by a missionary or someone from a help organisation.*
- *More as entertainment rather than for further development.*
- *About the Red Cross, SIDA (Swedish International Development Aid), the UN, etc. with an aim to recruit staff to work abroad as propaganda instead of for imparting true and unbiased knowledge.*
- *Only that which is exotic or all that is terrible in the underdeveloped countries.*
- *Countries and all that are worth striving for in the industrial countries.*

If the philosophy of nursing, as I believe it to be...is holistic and humanistic care, then cultural aspects are central and therefore the interpretation internationalisation and intercultural communication is suitable...not forgetting that the nurses have their own sub-culture...

remember too that 'culture' can be interpreted anthropologically, and, aesthetically. Both views can enhance nursing, and are therefore important.

Approach: *Methods are of course important. They are dialectically linked with the content and the objectives of the learning process. A programme of intercultural education cannot be realised with the traditional methods of education. The teachers must use imagination and combine traditional approaches with the less conventional methods even at higher educational levels. Variety is the spice of life! Make learning an experience to be remembered. Make education a humane process...that which will make a big contribution is the knowledge and skills the teacher has about internationalisation. This too is a speciality. Integrate whenever you can the aspects of internationalisation with other subjects.... Train the students' proficiency skills in intercultural communication in the schools making use of games, videos, dialogues, films...reviews of literature...case histories from nursing situations encountered by the teachers or students to illustrate both problems and opportunities regarding intercultural communication in nursing etc.*

Pre-requisites: *Research in internationalisation shows that to innovate the curriculum to incorporate internationalisation requires efforts by teachers whose basic philosophy and the world view are in agreement with the basic philosophy and ideology underlying 'international understanding... Teaching about 'culture' demands knowledge, skills, commitment and very hard work as these are the issues that do not shine out as do technological aspects... it is important that the teacher has a world view to facilitate innovational thinking...this is a fundamental prerequisite for successfully incorporating internationalisation...*

Category III: TLC

Four interviewees had spontaneously talked about aspects of the category TLC, which had been discovered in only one dialogue in Study 1. Therefore one example of the utterances is given below:

Nurses are not trained to look after themselves. Therefore it is even more important that the nurses' teachers have an organisation devoted to them and their needs. It is important that the students learn to look after each other and not only their patients. Learning to care is then enhanced. It is also important that the students are treated with care, affection and warmth... write the following in capitals:

IT IS NOT UNTIL THE TEACHER HAS HIS OR HER HEART IN ALL THAT HE OR SHE SAYS AND DOES, THAT THERE IS ANY REAL UNDERSTANDING AND LEARNING BY THE STUDENTS

This means treating the students well. Make their education an experience to remember with affection. The same goes for the teachers. They too need a caring climate.

Conclusions

The faint pattern of support and guidance that had appeared in Study 1 was found more prominently in Study 2. Three new sub-categories were discovered in Category I. On the basis of the results of the advanced analysis the total data could be ultimately categorised as the following:

Category I: educational needs

- knowing
- performing
- valuing and behaving
- being and doing
- coping and managing
- definition and interpretation
- approach
- prerequisites

Category II: culture context

- culture blind
- culture conscious
- culture seeker

Category III: TLC

The categories became more defined, and thus provided the groundwork for the construction of a theoretical framework. The underlying complexity of the major concepts and their nucleus, components and key aspects surfaced more clearly. This in turn made the research perspectives and educational considerations more concrete. Thus on the basis of the results of the advanced analysis conclusions drawn from Study 1 were further strengthened regarding research in the subject of my choice.

Summary of Study 2

The aim of Study 2 was to interview the experts to obtain their views on internationalisation in Swedish undergraduate nursing education. Data was collected, processed, and analysed following the same steps as in Study 1. The analysis showed a 'natural fit' with the categories found in Study 1. In addition three new sub-categories were found within category 'educational needs'. All the experts had considered internationalisation to be important for Swedish undergraduate nursing education. They emphasised that education for international understanding requires an innovational curriculum. For this, committed efforts by teachers are crucial. Good leadership and harmonious working conditions facilitate curricular changes for both teachers and students. This was in agreement with Burns, (1979a), Englund & Svingby, (1982), Opper, (1979), Teichler, (1996), and Törnvall, (1982). The experts believed that intercultural communicative competence is necessary for co-operation and collaboration, and that it contributes to help avoid the culture clashes and conflicts that arise from misunderstandings, which can cause anxiety and stress for all concerned within professional and educational settings. The specific words and concepts mentioned by the experts when describing their conceptions of education in internationalisation in Swedish undergraduate nursing education provided further support for the findings of Study 1.

The contribution made by Study 2

Study 2 generated categories which had a 'natural fit' with the categories discovered in Study 1. The Study 2 data thus provided support for the results of the analysis of the previous study. Study 2 further crystallised my views on the foundation for a research framework. However, the views expressed in Study 2 are also from 'outsiders'. None of the experts was directly involved in planning and organising the curriculum for Swedish undergraduate nursing education. It was therefore necessary to gain knowledge from inside to reveal if the categories found are compatible with the planning and organising of the curriculum to incorporate internationalisation. Study 2 also showed unanimity amongst the experts regarding the importance of incorporating internationalisation into Swedish undergraduate nursing education. The absence of controversial views in Study 2 drew some scepticism. Study 3 was therefore undertaken to complete the picture with a view from the inside.

Chapter 7:3

STUDY THREE: A PRACTITIONER'S PERSPECTIVE

There has never been a time when civilisation stood more in need of individuals who are genuinely culture conscious; who can see objectively the social conditioned behaviour of other people without fear and recrimination, (Benedict, 1935:10-11)

The analysis of the data from Studies 1 and 2 illuminated three educationally relevant categories, namely ***educational needs, cultural context*** and ***TLC,*** as a base from which to provide support and guidance in answering the pedagogical questions which arise when incorporating internationalisation into Swedish undergraduate nursing education. The picture, however, was one-sided. Both studies were based upon data from the practitioners and experts who were not directly involved in planning and organising the curriculum. This gave rise to scepticism. I had gained insight into both the possibilities for and the limitations of the knowledge, which I had derived from Studies 1 and 2. This insight triggered off new questions.

Formalities of Study 3

The following questions arose on completion of Study 2:

- ***Under what circumstances, or during which specific situations, does an ability to communicate interculturally, become a basic necessity, for a nurse/midwife working within the Swedish health care system to accomplish her different tasks to fulfil her professional responsibilities?***
- ***Can this ability be acquired through education in internationalisation, which is planned and organised with support and guidance from categories educational needs, cultural context, and TLC?***

The above questions guided the formation of Study 3, and provided the necessary inspiration when an opportunity arose for me to work as a practitioner for short periods of time within the Swedish primary and hospital health care systems. As a nurse teacher my ordinary work involved responsibility for planning and organising the curriculum for Swedish undergraduate nursing education. Study 3, as an ethnographic study, was therefore considered relevant in order to 'complete the picture' with 'socio-cultural knowledge', which Spindler, (1982), claims is what ethnographers study. Socio-cultural knowledge is the knowledge that the participants use to guide their behaviour in various social settings. It is complex and subtle. It includes specific knowledge of the roles, rules and management skills required within the social settings which are being studied or observed, (Spindler, 1982). The aim of Study 3 was to become aware of, and thus illuminate, what conscious and unconscious socio-cultural knowledge is required by a practitioner to successfully carry out his or her daily work. An ethnographic inquiry means involving oneself actively in the scenes studied, and then critically reflecting on these interactions. Ethnographic narratives tend to be autobiographical. The observations undoubtedly carry with them the subjective bias of the participant. This is balanced by objective analysis, which rests upon the delineation of distance and intimacy achieved by being more self-conscious of the partiality involved. Objectivity lies in the analytical art of drawing conclusions to contribute towards the aim of the research.

An ethnographical approach was employed in Study 3 in order to observe, document, and describe what people said or did in specific situations where intercultural communication was an essential part of daily work while working and assuming the responsibilities of a professional practitioner. Data was collected by documenting, in personal diaries, the participant's observations within antenatal and post-natal care, family planning clinics, and within the different wards of a maternity unit. During working hours, observations were recorded as 'jottings', in a small notebook (kept in a pocket or a handbag). The 'jottings' were transferred to a larger exercise book at the end of the shift in the form of a diary, which was kept in a locked drawer. Every incident that I had encountered during each shift was carefully recorded in the diary either immediately or soon afterwards while my memory was still fresh. Recalled data can be relied upon because if one consciously remembers an incident at all, one is likely to remember well. Flanagan, (1954:339-40), argues: *This is usually satisfactory when the incidents reported are fairly recent and the observers were motivated to make detailed observations and evaluations at the time the incident occurred.* The detailed narratives included the dialogues, conversations, telephone calls; technical medical interventions and other observations regarding environment, perceptions and emotions, using Malinowski, (1967), as a model. For stringency in documentation to ensure objectivity and reliability, I have followed the 'Tell it as it is' principle, (Melia, 1982). The content of the diaries was organised, processed and analysed following the same steps as in Study 1.

Situations chosen as examples from advanced analyses

From the total data, specific narratives were selected for further analysis by using criteria for critical incidence described by Flanagan, (1954:338-9), as follows:

- the delimitation of the situation observed to illuminate specifically aspects of internationalisation;
- the relevance to the major aim of the present research to solve the pedagogic issues;
- the extent of the effect on general aims through concrete examples to illuminate its contribution to achieve the major aim of the research; and
- my competence as a professional practitioner and a nurse teacher and my familiarity with the situation settings to be able to observe, understand and appreciate the extent of socio-cultural knowledge involved in specific situations.

The choice of situations described in this chapter depended upon the necessity of intercultural communicative competence on the part of the practitioner when working in different settings. In these situations, the impact of culture is clear in connection with the task involved to fulfil one's professional responsibilities. The total quality management (TQM) is judged by the expressions of satisfaction from the patient, member of staff, or student. Strictly speaking, every encounter which I had made as a practitioner within the Swedish health care system was an intercultural encounter because of the difference between my sub-culture (nursing teacher) and ethnic culture (non-Swedish) and that of the staff or the patients. With reference to Chapters 3, 6, 7:1, and 7:2, seven situations which illuminate different aspects related to internationalisation in clinical practice were chosen. The situations exemplify the demands made upon the competence of a professional nurse or midwife. The examples provide an insight into how the misapprehension, misunderstanding, conflict, and stress of cultural encounters can be avoided if the practitioner possesses the knowledge and skills to establish trusting relationships through successful intercultural communication. Thereby, the situations provide support and guidance for planning and organising the curriculum regarding content

1ʻ9

and approach concerning internationalisation. The utterances of satisfaction in the situations described below show the degree of excellence that can be achieved as a result of TLC, on the basis of an awareness of the impact of culture in everyday life. The positive outcomes in each situation are **not** meant to praise me as a practitioner, teacher, clinical supervisor, leader, or administrator. Instead they serve to illustrate and make concrete how awareness of global issues in the context of nursing with TLC can bring about co-operation and collaboration in joint efforts over national and cultural boundaries. Comments have been added to clarify specific aspects in relation to education in internationalisation. Situations 1-7 are described only briefly, together with utterances to provide a holistic image, in order to understand and appreciate the educational implications of the specific socio-cultural skills involved in each situation.

Situation 1: at the maternity unit within the hospital care

First shift: On the first morning, after receiving the report from the night staff, I was asked to give a brief presentation of my professional background. One midwife commented: You *realise you are now in Sweden. I think it is wrong that just anybody can come and work here in our unit. Swedish maternal and child health care are the best in the world. Swedish midwives are the most competent midwives in the world. The education and experience you have received in foreign countries cannot be compared with ours. You have worked under primitive conditions. We employ highly advanced technology and scientific care for natural childbirth.* The midwife's comments made the atmosphere tense. For me it was a cold shower, and had a negative impact upon my self-esteem and enthusiasm for mutual learning by sharing caring experiences. During the course of the day, every word that I uttered or documented was critically viewed for linguistic or terminological errors. Every action I took was critically observed for proficiency, sometimes by those who themselves were barely qualified as professional midwives. At work, as well as during breaks, the appearance of polite working attitudes of the midwives lacked the inner warmth that could make me feel at ease. I was regarded as an intruder and was treated as a stranger. The negative attitude towards other people, cultures, and nursing and midwifery education in other countries, demonstrated by the staff on the morning shift, started a negative reaction within me. My mistrust, distress and frustration grew, and my sense of safety and security was shaken. Appetite for new knowledge as well as for food was lost. On coming off duty, I was fatigued and had no energy even to go out for a walk to get some fresh air and recreation. The night was restless and sleepless. Part of the reason for a sleepless night could also be the strangeness of the room and bed, as the maternity unit was situated a fair distance from my normal place of residence. Physical, mental and emotional tiredness made it extra difficult to be alert and perform well the next day. My energy was concentrated only on avoiding mistakes. Tasks became a burden. Performing them was no longer a joy. I did not enjoy being there as a total stranger and an intruder. It was difficult to make contact and come closer to anyone despite fluency in Swedish and a liberal outlook.

Comments: I found that my experiences were in agreement with the results of multi-disciplinary research, which has shown that psychological and emotional stress causes sleep deprivation which leads to fatigue, which in turn leads to poor performance in private and professional daily life, (Smith & Jones, 1992). For student nurses, experiences such as mine can lead to loss of motivation and suppression of their self-esteem with negative effect on their education. Positive experiences during clinical practice are important in nursing education. They enhance well being, motivation, self-esteem and life-long learning about cultural encounters and intercultural communication, (Chapters 3, 3:1-3).

Second shift: After a few days my shift was changed. Different midwives who had different views, attitudes and values staffed the evening and night shifts. They also asked me to describe my background and showed a genuine interest and curiosity in getting to know me a little better. They took care to include me in their conversations and paid attention to the comments I made. They set out to make me feel comfortable. A fair division of labour was made and I was left alone to manage my work as I saw fit. Each provided support and guidance on the basis of mutual respect. The working atmosphere was relaxed, warm, loving, and caring. Taking initiatives was permitted. During neither at work nor during breaks was I regarded as an intruder. It was a pleasure both to come on and go off duty. Appetite for new knowledge and meals was awakened, together with an eagerness to explore my new surroundings. It became easier to sleep. The palpitations experienced during the first few nights disappeared. Well-being and a sense of balance were restored and my sense of safety and security returned. Being accepted as a competent co-worker led to a positive circle. My self-esteem was raised again, while anxiety, distress, fear and frustration were minimised. I was able to take the initiative and function as an autonomous, professional midwife knowing that support and guidance was at hand whenever it was needed, which is particularly necessary in a new environment. During the evenings and night shifts my patients needed fewer analgesics during the first stage of labour, and the need for a local anaesthetic for suturing after the third stage was also less. There were also fewer breast-feeding problems. It was much easier to plan and organise the nursing process in partnership with the women and their husbands. The rest of the staff was co-operative and the linguistic mistakes I made were corrected with compassion. My own well-being and harmonious working environment contributed to the performance of nursing interventions with a degree of excellence to assure the quality of care as assessed by the expressions of satisfaction uttered by the women and their husbands after the deliveries. For instance one patient said: *Your not being a Swede did not upset us at all. My husband and I have talked about how confident we had felt with you from the moment we arrived until the baby was delivered, although you delivered the baby in a position I had not thought was possible. This was my third delivery and it was the most comfortable. You could make decisions about what might be right for me. You listened to us with respect and made us feel what we said was important. Both of us felt comfortable with you. I am so glad I did not need too many injections for pain relief. I felt nothing when you were putting in the stitches. The doctor this morning said that I had received an unusually low dose of local anaesthetic in relation to the area of lacerations that you had to sew up...*

Comments: During the second shift I had experienced TLC which resulted in my much-improved performance. The positive outcomes of my clinical practice was a direct result of successful intercultural communication between the midwives and me. This had restored my self-esteem and my general well being. My experiences of making contact echoed the poetic expression of Satir, (1976: unpaged):

I believe
The greatest gift
I can conceive of having
from anyone
is
to be seen by them,
heard by them,
to be understood
and
touched by them.

The greatest gift I can give
is
to see, hear, understand
and touch
another person.
When this is done
I feel
contact has been made.

Situation 2: at the maternity unit

Excerpts from an evaluation by an undergraduate student nurse
I was the clinical supervisor for SN1, an undergraduate student nurse. SN1, during her practice at the maternity unit, evaluated her performance and experiences as follows:

SN1: *It was such a beautiful day so I took a walk in the village and ate my sandwiches in the park. I sat on a bench and went through what we had done during the morning. I was still very excited about having palpated and identified the foetus. Listening to the foetal heart rate through a foetal stethoscope was also fun. Do you really mean to say that in many parts of the world the midwives listen with their ear placed directly on the abdominal wall of the pregnant woman? They must be very clever midwives. Listening to you when you compared your experience from other countries made me be thankful for what we have in Sweden, but at the same time a sense of respect grew in me for all those traditional midwives and medicine men, poor and uneducated as they may be, but they still possess a wealth of skills and knowledge we know nothing about. This was interesting to learn. Being with you today has also made it clear to me why promotion of health and prevention of ill health is important... I was also touched at your gesture of bringing a pretty rose to put on the table to say 'welcome' and provide me with a pretty sight on the first day. It sounds silly, but small gestures to show warmth and care are important for us all...At last I have learnt the meaning of caring in nursing... I am so glad I have done this practice... When I first heard your foreign name, I had wondered if I should get on with you and therefore I was a little apprehensive. But when I met you I forgot my apprehension. Instead I was envious of your colour! I can never be so beautifully brown! ...Sitting on the bench I reflected upon the way you talk to the women you examine. One minute you are teaching me in a highly professional language...and then when you go to the woman on the couch, you make a complete turn. You come down to her level and change completely the whole terminology... I have watched how you approach women from different backgrounds and cultures...you make it seem so easy... I suppose if one is not nervous or afraid then it is not difficult ...We managed the care of the Polish woman although we did not speak her language until the interpreter came...Communicating at the patient's level is important...Getting to know about health care in different countries and knowing about how we can communicate with the immigrants is important for us to know, and yet, do you know, in my group, we have not received any education about it! The global perspective is not only interesting but also very important for our education particularly as we are receiving so many immigrants from so many different cultures and countries.*

Comments: The above evaluation showed the student's learning process, which had involved reflective thinking. As a result there was a change in her attitudes and values towards less privileged individuals. An awareness had grown within her about the value of traditional as well as scientific knowledge and respect for individuals with different backgrounds, which is in agreement with Negussie, (1988).

Situation 3: within the primary health care

Excerpts from an evaluation by an undergraduate student nurse SN2
In reply to the question: *Can you give a concrete example of what you have learnt during your practice?* put by me to SN2, who did her practice at one of the ante-natal clinics where I as a practitioner was her clinical supervisor, she wrote the following answer:

SN2: *When you asked me to come an hour before the appointment of the first woman, I had wondered why? What did you have in mind? I could not think of any activities to occupy me for one whole hour. Now I am glad you had planned an hour alone with me to introduce me to the routine and explain to me the importance of good antenatal care. I was under the impression that recommendations from the National Board of Health and Welfare, (Socialstyrelsen), regarding all these health check ups is a way to declare that the inhabitants of Sweden cannot be responsible for their own health. But when you told me about what complications and tragedies related to maternal and foetal and neonatal lives can occur due to lack of well-organised antenatal care, as it happens in many countries of the world, I am glad we have our system. Viewing the Swedish health care system through an international perspective has made me appreciate my own country. At the same time there has grown within me an awareness of conditions of life in different parts of the world...and yet we are all living in the same world! ...Truly, health is a basic right of every individual and organising good health care for promotion, preservation, maintenance, and restoration of health is a basic service all individuals have a right to expect...we tend to take so much for granted when we live in a well organised country ...I feel ashamed that in my class we have never discussed health from a global perspective and the implication of 'HFA' in relation to fundamental human rights ...when can we learn about all this? There is never any time...we hardly discuss anything because it is fun, interesting, educational or important for us as responsible citizens...it is always with a view to pass the exams ...Shouldn't culture, communication and world issues be included in our curriculum? How come we never hear anything about these aspects? Do you tell your colleagues about this? You should!*

Comments: This student too gave evidence of reflective thinking to influence her attitudes, values and critical assessment of her own educational process as a result of global perspective provided by me in her clinical education.

Situation 4: at the second antenatal clinic within the primary health care

First week: At the end of the day I was concerned about an immigrant woman, P1, who had failed to keep her appointment. From her notes, I had found that P1 had recently been discharged from the maternity unit where she had received specialist care to prevent an impending complication. It was therefore important that P1 had check-ups by a midwife at antenatal clinic as suggested by the specialist obstetrician. On enquiry, the assistant nurse (AN1) replied:

AN1: *No, she has not cancelled her appointment. But don't worry about her... She will turn up when it suits her... They always do... these immigrants!... Honestly, they have no conception of 'time' and they never keep appointments as we do... And the way they carry on when they do come! First, there is the husband who must follow the wife all the time and make all the decisions...then there is the language...they do not understand Swedish although goodness knows they have been here long enough...so there has to be an interpreter... But* *they do not get on with her...so there is even more confusion. If you ask me it is just one big mess when the immigrant women come, especially the Muslims... I am only glad P1 did not come... I am sorry, but these women are difficult...why can't they be like everyone else?... Any way, why should they get extra attention?... Why do they bother to come to Sweden beats me. It is stupid the way we allow them to come and take advantage of our hospitality and our welfare programmes when we are so desperately short of money for our own people...*

I allowed AN1 to air her views and get the anger off her chest. We then talked about cultural differences and health care and the difficulties of uprooting from one culture to be replanted into another especially if the move was not out of one's own choice. As the conversation grew I channelled it to include the ethics of nursing and the moral duties of the health care personnel as providers of service to society and as human beings in general, particularly against the background of the Swedish ideology for universal health care of good quality for the entire population. We both agreed that the staff also have a duty to inform the patients, who are not accustomed to the Swedish ways, for instance about the importance of keeping the appointments or rescheduling them to a new time when it becomes necessary. AN1 replied: What *use that would do? They do what they please anyway*! Before closing for the day, a letter with a new appointment was sent to P1 requesting that she telephone and change the appointment if the time suggested was not convenient. It was pointed out in the letter that a check up was important for her health.

Second week

The following week, on the day P1 should come according to the new appointment, I wondered if P1 had received and understood the letter and if she would keep the appointment. Just before it was time for P1 to be examined, AN1 came in and whispered:

AN1: *They have arrived. Be prepared for a real circus! There are three of them P1, her husband and the interpreter. He is aggressive and she has not brought a urine sample.*

When it was time to call in P1, I went to the waiting room and called out her name, without any fuss, just as I did for other women. P1, her husband and the interpreter looked up and then got up from their chairs. But before following me into the examination room, the husband stood still and said with a stern voice: I *come too*!
I: *That's quite all right for me. It's good if you come so that your wife feels comfortable.*
Husband (pointing to the interpreter): *And she comes too.*
Interpreter: *I am always with them whenever they visit the health centre.*
Author: *I am glad you are here. Of course you too are welcomed, if that is all right with P1.*
Husband: *Yes, it is all right with her!*

P1 had not said anything. I looked at her and made a gesture for her to follow me into the examination room. In the examination room the interpreter and the husband answered the questions concerning P1's health since discharge from the maternity unit, while P1 watched me intently. I wondered what she was thinking and if there was anything that she very much wanted to say but could not because of the language problem or because she dared not say anything for the fear of her husband. I tried to catch her glance whenever I could and smiled at her to encourage her to participate in the conversation if she could through her husband or the interpreter. After the preliminary conversation and the external abdominal examination, I, speaking very slowly and clearly and keeping the eye contact with P1, explained in Swedish that an internal examination was indicated and that I would very much like to know if both her husband and the interpreter should stay. I then turned towards the husband and the interpreter to ask P1 what I had said. Upon which, P1 decided that her husband should stay but not the interpreter, who then went out. During and after the examination I explained what I was doing and what my findings were, just as I did for all the other women. I followed the same procedure as usual with exception of being acutely aware of the specific cultural, social and emotional needs of P1, and of making due allowances for communication through a third person. When the check-up was over, the husband thanked me, shook my hand and left with P1 after making a new appointment for P1 to come to me the following week. When they had gone, AN1 came rushing in:

AN1: *Phew! What happened? I never heard any angry voices, nor did they leave shouting. You too are calm and not at all upset as the other midwives have been after a consultation with them. And what is more, P1 is out there calmly giving me the specimen of urine as you had asked her to do! No fuss, no bother. What have you done?... We always have such a lot of trouble with them! I just don't get it!*

At the end of that day we talked more about intercultural communication. The following week, P1 came with a specimen and the husband did not have a stern voice when speaking to me. The interpreter was not there so I had wondered why. The husband replied: *We do not need her; why the extra bother?* Suddenly P1 began talking in broken English, which was a pleasant surprise for me. I was relieved at the thought that at last P1 may be able to converse directly with the staff, since most of the Swedish staff speak English. P1 said: Yes. *I also want to be alone when you examine me.*

Once again, when the check-up was over, and the next appointment was made, I turned to them both and spoke to P1, gently and slowly in English, of the importance of keeping the appointments because the health check-ups are to ensure the wellbeing of herself and her unborn baby. P1 need not be apprehensive, because if she had any questions, the staff was only too willing to answer. The couple left and once again AN1 was surprised at their behaviour. During the third week, I went to the waiting room, and found P1 sitting there alone. I said: *Hello, P1! Are you alone? Where is your husband?*
P1: *He is not here. I have come alone. I want to be just like the Swedish women and come by myself!*
Author: *Good for you! But aren't you worried? What did he say about it? Didn't he mind?*
P1: *No. You were very kind and you explained everything... So he said I could come alone if I like... and I do. You know in my country, no good midwives. No clinics. My mother told me midwives shout when the baby comes... I was very afraid... This... my first baby. My husband... worry... about me and the baby. He no like midwife...only doctor... But not now... he knows the midwife good for me and the baby ... and I like to come here... to check my baby... You know, I... never become ill in my country... Never went to a hospital. So I am afraid when I must go to the doctor or the midwife... They do so much and... I know nothing... they no tell me... I no ask because I am afraid...*

Eventually P1 made a new appointment and left - reassured and content. She was learning to cope with two cultures in a stressful situation. She was making progress in her enculturation process. AN1 came in to admire the happy event and said: I *have always dreaded meeting the immigrants...but they are not different from us... With patience and tolerance you have succeeded with her...I have learnt a lot from you... I must remember to give them more time...it is good for me and them...it prevents stress...*

Comments: The progress made in this situation is in congruence with Lynam, (1985). Health professionals place a high priority on the provision of care to groups of people who are identified as being at risk of developing health problems. However, immigrant women do not always understand and appreciate the resources that are available and the concern that is shown for their well being. For social and emotional support in connection with health care they tend to rely more upon *kin* (family members), or *insiders* (close relatives or friends), and less upon *outsiders* (health care staff or other agencies). Nevertheless these women often desire contact with the dominant culture in society and are willing to assimilate and adapt to the new culture, (Lynam, 1985:329). The professional nurse or midwife has a unique opportunity to assist them in this process and thus ease their social isolation as well as enhance their emancipation. P1, by deciding to be 'just like the Swedish women' had shown a desire to become independent and try to cope with antenatal visits on her own. She was learning to rely upon support from outsiders as well as to utilise health care services for health promotion. This step was possible as a result of a process of emancipation within her, which had raised her self-esteem, (Freire, 1974, 1990; Tones et al. 1990; Tones & Tilford, 1994). She no longer behaved as an oppressed woman isolated within her family. This change within P1 was an outcome of holistic health education to influence her total life style. The situation interventions exemplify how a conflict situation can be overcome through an ability to successfully conduct intercultural communication, which in turn exemplifies the necessity of education in internationalisation.

Situation 5: at the family planning clinic within primary health care

It was arranged through the school nurse and the previous midwife that a class of teenagers from the nearby secondary school should come to the midwife for a session of general information and counselling in connection with family planning and sexual relationships. The pupils were 16-17 years old. The group arrived at the appointed time, the girls giggling and the boys feeling awkward. It took a while before the conversation got going. We talked about the importance of a healthy life style in general, and about family planning and prevention of sexually transmitted diseases (STD) as a part of healthy life style. Both the boys and girls were curious about the different ways to prevent pregnancy. But the STD talk was not taken seriously. They knew the anatomy and physiology connected with reproduction. Their biology teacher had already covered these facts. Their main interest lay in seeing and knowing about the use of the different devices for preventing an unwanted pregnancy. The use of a condom not only to prevent an unwanted pregnancy, but also to protect against STD was not very appealing to these youngsters. Hearing about STD and AIDS, and about 'being prepared' with a preventive device, especially in connection with sporadic sexual relations, brought out a strong reaction:

Pupil 1: You *must be crazy! Do you really mean we should carefully plan in advance all our sexual encounters? Where is your sense of romance? Oh you make it sound so mechanical!...I thought it should just happen!*

Pupil 2: *And another thing. Where do you think we should keep all these devices? You don't mean to say we must carry a suitcase with us when we go dancing!* (Every one laughed)

At this point, a discussion broke out about sexuality and sensuality. Love, affection and friendship were concepts that made even the shy ones participate lively in the discussion. Every one in the group agreed that sex without real physical attraction was impossible. But it took a while for them to grasp that true love, on a deeper level, values inner qualities more than physical beauty, and therefore a couple can have extremely satisfying sexual relationship even if the partners are not particularly good-looking. Being prepared for sex (with a condom) was definitely strange and not at all appealing for them. Even stranger was that planning and being prepared also includes counselling, for which sometimes an appointment must be made in advance:

Pupil 3: An *appointment? I thought we could just come! Think if there is a waiting list! It may be all over between us before we get a time for counselling...*

Socialisation is a part of the educational tasks of the professional midwife in connection with holistic health education for teenagers. In this respect it was difficult for them, at first, to understand that even if counselling is available at any time, appointments save unnecessary waiting and that the making appointments must also be learnt, and that it is not the 'end of the world' if things do not always happen 'here and now', and that it is usual to find a time which is convenient for all concerned. When the session ended, one pupil said: *How the time has flown...I must admit I was not planning on coming had it not been a compulsory activity...I had thought the whole thing would be so boring...but I have changed my mind...I had no idea about so many things... You talked to us and explained so that we could understand...you did not look down upon us as silly teenagers who only make trouble... You never know...I may look you up when I have found a girlfriend...*

Comments: From a health perspective, the spread of AIDS is the major problem that faces the world today. Sound sex education among the young people is one of the keys to its prevention. Here again the school nurse or midwife has a unique opportunity to make a contribution to resolve one of the major global issues through education in internationalisation.

Situation 6: at the family planning clinic within hospital organisation

One day, at the family planning clinic, the telephone rang and it was a gynaecologist wanting to make an appointment for a young post-secondary school pupil, who had recently had a legal abortion. He considered it advisable that the teenager in question was given suitable counselling on family planning. He emphasised that the pupil was an immigrant. An appointment was made for the following day. During counselling, the pupil said:

Pupil 4: *I was frightened of coming here...my boy friend made me keep the appointment. I was relieved when you said on the phone yesterday that I could come with a girl friend if I wanted to...I was shy to bring my boyfriend with me...I was pleasantly surprised to be received in your waiting room which has calm and harmonious atmosphere with nice chairs and baskets with flowers. ...I would like to talk to you about contraception and family planning so that I understand what is happening to me and what I should do! My boyfriend also thinks I should come and discuss with you about family planning... It was a mistake when I became pregnant... But you see...I did not even know how one becomes pregnant! I had no idea I could do something about it...and my boyfriend thought I knew...and that I was taking care of it... It has been a crisis in my life... I came here with my brother who is studying at the university. I am now living with my boyfriend so I must learn not to become pregnant again... My parents know nothing but my brother does... He is all right... My father is very broad-minded, so he will never insist upon an arranged marriage for me... my mother would not like to see me unhappy either.... This is why I feel I can live with my boyfriend and maybe we have a life together. My religion is strict and I do not really know* *what I should believe in. But I do know that I love him and he loves me... Love and affection is important in a relationship. It was not just the physical attraction that made me 'sleep' with him... Emotions were strong and there is a deep bond developing between us... We feel so strongly about each other that sex is not the most important thing... We can wait for it until I am ready for it... But I now want to know what happens and what can I do... I want to learn...so I can enjoy being with him... My boyfriend understands. He is kind...*

During the above counselling, Pupil 4 watched carefully the demonstration with models and examined carefully the mechanical devices. She also listened carefully the information about STD and the use of a condom. However, it was obvious that she needed much more information about the anatomy and physiology of the reproductive system, about the different devices and about the effects and side effects of the chemical preparations, than had the Swedish teenagers done in Situation 5 described above. On the other hand, she was more attuned to the affective side of information. She was becoming mature and learning to cope with two cultures in a stressful situation through self-awareness, self-security, self-confidence leading to high self-esteem within her through counselling.

Comments: Once the immigrants have made contact with the dominant culture and tried to assimilate into host society, their behaviour changes. Synergy takes place within them. Their worldview broadens and they retain whatever is good in both cultures, (Lundberg, 1991).

Situation 7: at the maternity unit

Within the data of the Situation 7, utterances were found to support all the three categories - educational needs, culture context, and TLC -, which were discovered in Studies 1 and 2. The utterances in Situation 7 are from a member of staff who had worked at the clinic as an ancillary staff for over thirty years. During this time she had worked in close co-operation with many different midwives and other staff, and had come into contact with many different patients who represented different ethnic and sub-cultural backgrounds. She had been alert and had paid attention to what the midwives did or said in response to the needs of the different patients, relatives, members of staff, and students. Therefore her dialogues, as the 'philosophy of the non-philosophers', (Freire, & Foundez, 1989), supplied rich material for analysis. To keep the dissertation brief, her utterances are not described.

Conclusions

With reference to previous chapters, these situations from the data in the diaries show that a professional nurse or midwife is in interaction with patients, staff, and students who continually demand different kinds of attention. The situations illuminate the duality of the educational responsibility of the practitioner: their ability to function as a health teacher for the patient or relative, and as a professional supervisor or teacher for the staff and students for which intercultural communicative competence is fundamental to be able to perform the different tasks to ensure and enhance TQM in caring and in teaching. In both situations, establishing trusting relationships through successful intercultural communication is crucial to solving problems and suiting the needs, desires and expectations of individual patients, staff, and students. Collectively, the situations illuminate the responsibilities laid upon a professional nurse or midwife while performing the different tasks, which involve nursing, leadership, education and supervision of the students and the staff, health promotion for the patients, and research and development, (SOSFS 1990:15; SOSFS 1995:5). Nursing refers to interventions for holistic-humanistic nursing process that a nurse or midwife plans using sound ethical judgement, and carries out in partnership with the patient, and in co-operation and collaboration with other members of the health care team, (SOSFS 1993:17; SOSFS 1995:5). Thus the task of the curriculum for undergraduate nursing education is to prepare student nurses to be able to cope with the above-mentioned responsibilities in different situations within hospital and primary health care through successful intercultural communication, and to bring about a process of emancipation within themselves and their patients.

The experience gained in Study 3 confirmed my belief of the importance of incorporating internationalisation into the curriculum and of the potential of the categories educational needs, culture context and TLC for solving the fundamental pedagogic questions why, what, when, where and how. More over the results of the advanced analysis also showed agreement not only with the current research in transcultural nursing e.g. with Andersson, (1990), DeSantis, (1994), Leininger, (1997), Lynam, (1985, 1986), McGee, (1994) Murphy & Macleod, (1993), Negussie, (1988), Papadopulous & Alleyne, (1995) and Preston, (1973) but also with the ideology of internationalisation concerning the role and responsibility of the professional nurses and midwives towards individuals in society namely *The obligations of the individual to his neighbour, family, nation and society*, (delegates of Poland and USSR, in connection with the declaration of Human Rights, United Nations, 1947:577).

Summary of Study 3

Study 3, was conducted by working as a practitioner within the Swedish health care system, within hospitals and primary health care. The aim of the study was to observe, identify, isolate, analyse and describe some of the specific situations where a nurse or midwife requires intercultural communicative competence to cope with different situations where intercultural interactions play an important part. Thus it reveals whether the categories educational needs, culture context and TLC can or do meet the requirements to plan and organise the curriculum to prepare the student nurses for their future professional tasks to provide service to the citizens of Sweden's multi-cultural society. Seven situations are described which illuminate the diversity of tasks a professional nurse or midwife has to cope with as a part of their daily work to impart either health education to the patient or relative, or professional supervision and education to the staff and students. The analysis of the data provided answers to these questions, and thereby supported the findings of the Studies 1 and 2, and crystallised further the theoretical framework. These situations bring to surface why, what, when, where and how the curriculum can be planned in accordance with the three categories for education in internationalisation. Study 3 made clear the importance of making contact when establishing trusting relationships.

Contribution made by Study 3

Study 3, as an ethnographic study, provided a practitioner's perspective. It filled a gap, and made a contribution with knowledge from inside which provided deeper insights. However, it also illuminated another missing link: a student's perspective. This led to Study 4.

Chapter 7:4

STUDY FOUR: A STUDENT'S PERSPECTIVE

...there are great possibilities to influence intercultural communicative competence as well as attitudes towards people from other cultures through education and training, (Lundberg, 1991:211).

Study 3 focused on three general areas from a practitioner's perspective. These were demonstrating technical proficiency; handling patient staff relationships; and accepting professional responsibilities. Analysis of the data showed a need for a student perspective in order to plan and organise the curriculum for Swedish undergraduate nursing education to incorporate internationalisation in the context of nursing with TLC. Current research in education indicates that a student perspective is necessary to bring about innovational changes within the curriculum to influence learning by the students. Corbett and Wilson, (1995:15), in a plea to researchers and reformers 'To make a difference with, not for students', quote Nieto, (1994:396), who underlines the importance of a student perspective for making curricular changes:

One way to begin the process of changing school policies and practices is to listen to student's views about them; however, research that focuses on student voices is relatively recent and scarce. For example, student perspectives are for the most part missing in discussions concerning strategies for confronting educational problems. In addition, the voices of students are rarely heard in the debates...and the perspectives of students...are even more invisible.

It is the explicit intention of the official documents, which govern undergraduate nursing education, that the curriculum be planned and organised in partnership with student nurses. This enhances within them the process of socialisation in order to become active members of a democratic society, and emphasises decision-making in co-operation and collaboration with others. Such a decision-making process requires an ability to communicate over cultural and national boundaries that is the goal for education in international understanding in all higher educational programmes. Experience and analysis of the data of Study 3 drew attention to the missing link, a student perspective, which led to Study 4.

Formalities of Study 4

The following questions formed the basis for Study 4.

- ***What activities can or do provide opportunities to incorporate internationalisation into Swedish undergraduate nursing education to enhance learning about team work in co-operation and collaboration across national and cultural boundaries?***
- ***During which activities does an ability to communicate interculturally become a basic necessity for a student nurse in order to accomplish the different tasks that are planned as a part of his or her educational programme?***

The positive experiences gained from Study 3 by working as a practitioner inspired me to assume the role of student nurse to conduct Study 4, by using a student's perspective when I found an opportunity to take a postgraduate course in nursing. An ethnographic approach was employed. Data was collected by documenting - as personal diaries - the participant's observations of critical instances as in Study 3. A critical incidence technique permits the collection of data concerning behaviour in a specific activity involving decisions and choices made individually or as a team. *An incident is critical if it makes a 'significant' contribution either positively or negatively, to the general aim of the activity.* (Flanagan, 1954:338). The criteria for these instances was that they were contextually relevant to defer judgement on what is important to the study until well into fieldwork, (Spindler, 1982). Since contextualising a situation implied accounting for my own presence as an ethnographer, and how it may have consciously or unconsciously influenced the actions and responses of those being studied, such contextualising also meant being aware of my own biases, which were revised or set aside. During the processing and analysing of the data, which was conducted following same steps as in Study 1, shifting my focus to a different context enabled me to see my biases in a new light through interactions with others.

Study 4 focused upon the dynamics of the learning process that took place when learning about 'international understanding' and its implications for a professional nurse in her daily life. The emphasis was on becoming aware of one's role and responsibilities in bringing about changes in society locally, nationally and internationally to resolve global issues. It was argued that the desired learning outcome can be achieved when the students become aware of the impact of culture in their daily private and educational life, and how it can affect their health as well as their educational progress. By learning to co-operate and collaborate in joint efforts with their peers, teachers, and supervisors in solving problems during theoretical and practical training, the students become aware of the impact of culture and the necessity of being able to communicate interculturally in daily life. Thus they learnt to employ intercultural communication successfully to resolve conflicts and work in co-operation and collaboration with their peers, teachers and supervisors, and with members of health care team.

Background to the educational process of Study 4

The total number of students was divided in small groups of six to eight students to facilitate adult education and enhance peer learning through co-operation and collaboration. Several 'extra' teachers were involved as supervisors for the groups of students to provide support and guidance when and if necessary. A compendium was provided as a guide, giving careful study instructions, and was issued to each student to encourage and promote self-studies and group work for planning and organising different educational tasks during the course. Each group was allocated a supervisor as an extra resource to help, support and guide their studies. The teacher-supervisor participated in the group meetings only at certain times. The groups therefore worked alone most of the time. Many students had not been to 'school' since graduating as nurses; a time when education was imparted in the traditional manner, with the emphasis upon memorising the knowledge as 'parrots'. Peer learning in groups was therefore new and rather confusing, and uncomfortable for many. Education to provide insight and understanding about the pedagogical process and adult learning that might have eased the situation for many was lacking in the course, which otherwise was well planned and organised. The head teacher was caring and supportive, and had a long and varied professional experience, a broad worldview, a positive attitude to other people and new ideas, and holistic-humanistic views on nursing, patients, students and knowledge. These attributes were conducive for successfully incorporating different activities in the curriculum.

The group where I was placed was a typical group as described above. We were seven students, all with different professional backgrounds. The length of our professional experience ranged from five to thirty years. The experience the group represented was medical-surgical nursing; paediatric nursing; acute-intensive care; midwifery; education; and administration. Ethnically, apart from myself, the rest of the students were Swedes. They had lived and worked in different parts of Sweden, and therefore had experienced different 'sub-cultures' within the dominant mainstream of Swedish culture. The group dynamics followed specific stages before the participants could act and feel comfortable with one another. Trusting relationships were not developed straight away, but gradually over a period of a few weeks. The process of group dynamics, which facilitated cognitive, affective and effective learning, developed according to stages described by Lennèer-Axelson & Thylefors, (1981).

When we met on the first day we were all both curious to get to know each other, and at the same time apprehensive as to how our meetings will develop. We were all full of expectations and anxious to establish good working relationships so that we could get on with each other. We spent a good deal of time presenting us, and were very polite with each other. As the newness faded, we became aware of defining our tasks as members of the group. We were less anxious and more trusting. However, some of the group members soon developed a sense of wanting to be 'biggest and best', which was frustrating for the group. Conflicts began, and the group became divided in two sub-groups. The tasks were carried out without much enthusiasm or willingness to share and co-operate. In the end it became clear to the group that something had to be done. After a long discussion, the group agreed that as far as possible each member had a responsibility to attend all the group meetings to discuss and solve the tasks allocated to be solved by the group; to be on time so the others do not have to wait unnecessarily; to inform one of the group members if they were unable to attend; and to take turns writing the reports. Gradually the group united and began to function well. Later in the course, each time the group met, it became a social event. The group not only made study visits, but also took time to make cultural visits to museums, films and restaurants, and had fun in general. The social activities helped to probe deeper into the issues the group had to discuss and the tasks it had to solve. During the last weeks, separation anxiety was combined with 'true' friendship. Becoming a student after having worked as qualified staff for a long time was not easy for the group. Neither was it easy to adapt to the new teaching methods. These were independent studies alternated with group work based on literature review, group discussions and study visits, or writing reports and conducting projects instead of listening to lectures and passing exams by memorising the contents of books or lecture notes. When dealing with issues related to internationalisation, the group dynamic brought about changes in group members in three areas: in their thinking, so that they acquired an increased understanding; in their emotions, so that they developed a broader world view and the activities were experienced as contextually relevant and meaningful; and in their behaviour, so that they developed their ways of 'being and doing' in private and professional daily life.

Situations chosen for advanced analysis

The same criteria as in Study 3 were employed when choosing the situations used as examples. Three specific situations are described. For brevity's sake, Situation 1 is described without examples of utterances, while Situations 2 & 3 are described a little more elaborately with utterances and specific comments. Combined comments as conclusions are made at the end.

Situation 1: a specific activity for internationalisation

We were allocated an assignment to read individually, and then as a group to work, discuss and present a summary with our comments on the contents of the book *Bacteria or the Evil Eye* (in Swedish) by Sachs, (1983). It is a doctoral dissertation in medical-social anthropology, and focuses on immigrant women from Kulu in Turkey and their encounters with the Swedish health care system in a suburb of Stockholm. After reading the book individually, the group met for a seminar. An intensive discussion developed in the group, which provided rich data for analysis. This analysis was carried out later following the same steps as in Study 1. From the analysis support emerged for the previously established categories 'educational needs', 'cultural context' and 'TLC'.

Situation 2: an activity combining planning and spontaneity

During the second term, a session was planned with one of the lecturers to develop 'nursing' further using as a topic the lecturer's speciality. The content was to be based on a series of questions sent to the lecturer by the students about problems they had encountered during their practical work. The teaching approach was planned as a discussion with the lecturer. The lecturer's comments had to be spontaneous because the points, which the students raised for discussion, were rooted in the problems they had encountered during their practical work. These problems could not have been foreseen or planned in advance. The discussions therefore occurred spontaneously. All the questions, except one, that were sent in by the students were connected with medical technical knowledge and professional skills. The lecturer therefore felt at home with these questions and answered them satisfactorily. The discussions, which followed, were brief, concerning medical-technology only. However, later analysis showed that the utterances also mirrored the underlying attitudes and values held by the lecturer and the students in connection with education in internationalisation. The lecturer's worldview became particularly apparent in connection with one specific question.

One student had encountered several immigrants during practical work. This had inspired the student to consider working abroad with one of the Swedish international aid organisations. The student had therefore submitted a question concerning the international perspective on nursing in this area, which was the lecturer's speciality. The lecturer had spent some time as an expert and advisor in one of the underdeveloped countries in Africa, and he tackled this particular question at the end. Referring to the question concerning an international perspective with a view to working abroad, the lecturer drew attention to only a few, specific aspects of working in underdeveloped countries. He said:

There is NOWHERE in the world where the standards are as high as in Sweden and NO health care service can come anywhere near ours. We have NOTHING to learn from all these U-countries in Africa, Asia or Latin America. Nor can they ever become like us. We see the situations that are developing in Swedish society due to the mass inflow of the immigrants we cannot take care of. If you are planning to work abroad, be prepared for very hard work and terrible shocks. You cannot imagine the misery you will meet out there. There will be NO opportunities for personal growth or for developing further knowledge and skills within advanced medical-technology. If you want to work in USA...that is a different matter...

The student who had sent the question was stubborn. She had encountered a case of female circumcision that had made her think a lot, and she wanted to discuss the problem. A lively discussion broke up about female circumcision, which is practised in the country where the lecturer had worked.

Lecturer: *There, you see what I mean...you cannot get anywhere with them... In Sweden, such an act is forbidden but they still carry on... Their culture allows it so we have nothing to say... I doubt it if we can ever succeed in socialising these people in our way of thinking... It is impossible... To work amongst them is just a waste of time...*

Student: *I attended a conference, which was jointly organised by the Swedish Red Cross and Swedish Save the Children. There was a woman who told us about extensive work being done in African countries to eradicate the tradition of female circumcision, and they are succeeding in their efforts...*

Lecturer: *Are you sure?...if so I wish them luck...I have no faith in these efforts...you must understand that you are dealing with strange people who have strange cultures... they are extremely difficult for us to understand and influence to bring about changes within them...*

Comments: Analysis of the discussion showed that the lecturer lacked an awareness of his responsibility to incorporate internationalisation into his teaching. Instead, it was apparent that he had a negative attitude towards the people in the U-countries; he did not put forward anything positive about the efforts being made by the poor to organise and provide good health care despite their limited access to resources, scientific knowledge and technology. He had an opportunity that had appeared spontaneously to impart objective, research-based knowledge concerning an important health care issue for a large number of women in many different countries. Through dialogue he could have influenced the students' knowledge, as well as their attitudes towards people from other cultures. Awareness of one's role and responsibilities in participating actively to solve at least one global issue could have been awakened among each student. Female circumcision is rapidly becoming an important health care issue in Sweden too, because of a large number of immigrants who practice this tradition. It is therefore important that every nurse or midwife is aware that there is today substantial research in socio-medical anthropology that illuminates the pros and cons of traditional versus modern health care. The traditional midwives and medicine men possess skills and knowledge that we do not understand but that works - some times even better than scientific western medicine. *Non-literate people are in no way ignorant or without knowledge, but their knowledge belongs to an indigenous system, which so far has not been fully studied or recognised. The utilisation of indigenous knowledge is not necessarily contradictory to modern medical development....*[A] *traditional health care system also includes many values which are sought today in industrialised countries*, (Negussie, 1988:251).

On the basis of the knowledge gained from the previous studies, analysis of the lecturer's utterances showed that to be able to utilise the situation positively would have meant that the lecturer possessed the sub-category prerequisites of the category 'educational needs' that was described in Study 2. Not only did he need knowledge of the impact of culture in individuals' daily lives, but also in modern socio-medical anthropology. The lecturer needed to know about the meaning of traditions, rites and rituals for quality of life for different individuals in general. In particular, he had to know all about the traditional practice of female circumcision in certain parts of the world. The lecturer was not up-to-date with the movement that is attempting to educate both men and women in order to eradicate the tradition of female circumcision in the countries where it is still practised. The most hazardous custom for women in traditional societies is the practice of female circumcision. This is practised in many countries throughout the world, especially in Africa. Elderly people remark that female circumcision leads to the girl behaving differently, and eliminates problems during intercourse. Also no one wants to marry an uncircumcised girl. Girls who are not circumcised are insulted by others. Family honour and tradition are major reasons for the circumcision of girls. Also, young people are in favour of circumcision as they see the tradition as important. The abolition of female circumcision concerns many; and it is not only a matter for medical professionals, even if there are hazardous medical complications. A campaign is necessary to change this practice both among those who practice it and those who advocate it, men and women, old and young, (Gebre Selassie et al., 1985). A rational view on the subject is necessary for a professional nurse or midwife if he or she wants to work in countries where it is practised. Through active participation in campaigns against female circumcision he or she can make a valuable contribution to resolve at least one of the many major global health issues. This is also an opportunity to make a contribution to female emancipation, something that is needed in all societies. Thus from the 'internationalisation' point of view, a valuable educational opportunity had been wasted. Those who were hostile and were prejudiced found support. Those who thought differently were not given a chance to express themselves, and thus share with the others their views based on new knowledge in order to bridge the gap between those who have and those who have not, through understanding and mutual respect for joint efforts in co-operation and collaboration. The lecturer did not show sensitivity for my presence as a 'foreigner' in the classroom, nor did he invite my contribution in the discussion as an extra resource. *Teaching examples of intercultural communication within a multi-cultural group of students can sometimes be experienced as underneath one's dignity and stigmatising by individual students. This ought to be observed and great respect for the individual student's reactions must be shown,* (Lundberg, 1991:207). The situation described here makes transparent the general lack of cultural awareness of other groups, and the constant resort to one-dimensional images in understanding other cultures. What this means is that judgements tend to be made ethnocentrically, to the detriment of other groups, by students and teachers alike, (Spindler & Spindler, 1987; Ds A 1982:6). The situation had the potential to foster a healthy climate for education in internationalisation for both survival and humanitarian reasons, and instead it was allowed to slip away and go to waste. However, it strengthened my understanding of the importance of support and guidance for education in internationalisation in Swedish undergraduate as well as postgraduate nursing education for positive learning outcomes.

Situation 3: outcomes of education in internationalisation

In Situation 3 what students learn or do not learn during activities for education in internationalisation became apparent. The course ended with various seminars during the last week. The basic groups were mixed, and we had to solve different tasks in different groups. Here our ability to work with 'strangers' in joint efforts for co-operation and collaboration was put to test. I found myself with a group I had not worked with before. Four in the group were acquainted with one another, the rest were not. Our task was to suggest points to consider when planning and organising the nursing care of a particular group of people. Due to the lack of rooms for group discussions, we decided to go to the library and find a quiet corner there. There were two small tables with four chairs around each. Sarah, Sylvia, Samantha, and Selma, the ones who were acquainted with each other, went and sat down at one of the tables, completely ignoring the others. Serena, Susan, and Sigrid sat down at the other table, ignoring Sarah, Sylvia, Samantha, and Selma and I who were standing to one side. No one said anything. Eventually I went and sat down on the empty chair together with the group of three, with Serena, Susan and Sigrid. Since the time allocated to discuss and write down our answers for presentation in the classroom was very short, both groups began their discussions at different tables, which was absurd. I said: *Excuse me... have I misunderstood... should we not discuss this as a group?*

Serena, Susan and Sigrid: You *are right. This is crazy. But it does not look as if they want to be with us.*
I: *But why not? Do you know them?*
Serena, Susan and Sigrid: *No...we've only seen them in class. There are too many of us to get to know everyone.*

In the end we turned to the other table and asked Sara, Sylvia, Samantha and Selma if we could put the tables together so both groups could sit facing each other, so we could discuss and write down the answers together as a group. They did not consider it necessary to alter the seating arrangement, but Sara and Sylvia turned round to look at us and said: *We have already written down our points. There cannot be much more left for you to say. If you write your names on this paper, we can give it to the teacher as our group work...so you are also included...*

Us: *How do you know we have nothing more to say and that you have covered all the aspects? We have not discussed any points yet.*
Them: *Oh, don't quibble...just write your names on this paper - that will do.*

It was obvious that 'they' did not want a group discussion with 'us'. An interesting situation was developing. 'We' were all very surprised at 'their' attitude, and 'we' wondered what had happened in 'their' basic groups and how 'they' had solved their various tasks in group work. 'We' had to make a quick decision. Either let 'them' dominate 'us' and make a decision for 'us', or teach 'them', very quickly, the rudiments of group work. 'We' did not think it was correct to write down our names on 'their' paper, although 'we' did not want to create a conflict. Neither did we approve of 'their' behaviour. So 'we' said, firmly but in a friendly manner: *It is unfortunate that this task has to be solved as a group that includes all of us. There is nothing we can do about it. Therefore, we suggest you turn around, push your table near us and sit down so that we can discuss, articulate and write down the important points to consider for planning and organising nursing care of this particular group.*

In the end 'they' did as we requested, and we began to discuss the task at hand. Soon we realised it was almost impossible to have a discussion. 'They' did not listen to anything 'we' said. 'They' continued to talk when 'we' were speaking, and paid no attention to what 'we' said. As a result 'we' became agitated. When 'they' absolutely refused to write down a suggestion about consideration for 'culture' issues, by which 'we' meant ethnic and sub-cultural aspects, as well as culture such as fine arts, that can affect nursing interventions, I found myself banging my fist on the table to insist this point was written down. This was something I have never done before, or since, this particular incidence, and I still cannot believe my reaction. It shows the inner frustration of knowing one is right but is not taken seriously by others who think they always know best. However, this drastic reaction had an effect. The point was made and 'culture' was very unwillingly included as the last point. The time was now over, so we went to the classroom and fixed our paper on the black board as others had done. When all the groups had gathered together, the head teacher went through all the answers making comments. When our paper came up, the teacher stopped to read all the points we had made, and started by commenting on the last point first: I *am glad you have not forgotten 'culture'. It is very important. You are the only group to mention it. Well done!*

'We' looked at each other and smiled, 'they' looked away and ignored 'us' completely, which indicated tension between our two sub-groups. We were not comfortable with each other, and there was no co-operation and collaboration for harmonious joint efforts.

Comments: The situation shows what undercurrents flow amongst students when they work in groups. The teacher needs to be aware of his or her role to make sure that not only the answers are correct, but that there is positive group dynamic functioning when the students solve problems. The utterances of the 'they' group shows ethno-centric behaviour and a lack of the cognitive, affective and behavioural components necessary for effective intercultural communication. The members of the 'they' group were not effective intercultural communicators because, among other things, they were not open-minded towards new ideas and experiences, or empathic towards people from other groups or cultures. They accurately perceived differences between their answers and those of the 'we' group whom they had encountered in solving the task. They did not try to understand unfamiliar thoughts, and instead evaluated them as bad, nonsensical and meaningless. They were not able to establish meaningful relationship with the 'we' group. Their negative attitudes caused negative emotions, and gave rise to signs of intense frustration within the members of the 'we' group. An educational opportunity was seized upon by the teacher to pay attention to impact of 'culture'. Nevertheless, owing to a lack of specific didactic strategy to incorporate internationalisation into the curriculum, not all students had learnt about group work for co-operation and collaboration, nor about impact of culture on daily life, and thereby on holistic-humanistic nursing, and so on. Without supervision at different stages to ensure positive group dynamics, groups do not function as they are intended to do.

Conclusions

The analysis of the data from different situations showed that valuable opportunities for education in internationalisation in the context of holistic-humanistic nursing care and caring are often not utilised, either for lack of motivation or because the teacher lacks the prerequisites to manage the specific issues. Students and teachers with 'foreign' backgrounds can make valuable contributions. Not only do they increase the group's sensitivity in demonstrating empathy and respect for individual students' reactions, but also in appreciating and utilising the potential of extra human resources. In this way, examples of intercultural communication within a multi-cultural group of students can be prevented from being experienced as beneath one's dignity or as stigmatising by individual students. On the contrary it can hasten their enculturation process into the host culture. This gives an increased sense of security which in turn raises their academic performance and their self-esteem. Analysis further showed that training in intercultural communication for learning to establish trusting interpersonal relations involves the gratification of basic needs and motivations. Without it, life-long learning experiences for effective intercultural interactions are lacking, and educational opportunities are lost. The environment instead assumes the characteristics of a conflict. Situation 3, illuminated that, despite many group assignments and despite the participation of relatively wise and mature students in the course, careful follow-up of new ideas, content, activities and teaching approaches cannot be overlooked. It cannot be taken for granted that the students will, or do, learn what the teachers have in mind. It is essential to ensure and enhance positive learning environments, where positive group processes can take place when engaged in activities to incorporate internationalisation. The problem-solving ability of each student nurse is the ultimate manifestation of what the student has learned as a result of his or her total education. The teachers as well as the students are equally responsible for successfully incorporating new ideas, content and teaching methods in order to fulfil the intentions of the official documents regarding internationalisation in Swedish undergraduate nursing education. The teachers and students need to work in partnership. Both need to be willing to accept new ideas, content and teaching approaches to make changes in the curriculum. An analysis of the data from the diaries kept during Study 4 clearly outlined the significance of the educational theories, considerations, and role of the actors in successfully conducting nursing education for adult students to incorporate internationalisation. Support for the theoretical framework, as well as the results of previous studies, was thus strengthened. The experience gained together with the results of the advanced analysis of the data of the Study 5 both confirmed and more apparent the conclusions drawn from Study 3 about the importance of incorporating internationalisation into the curriculum. There was a clear agreement of my results with the research in transcultural nursing as in Study 3, internationalisation e.g. with Burns, (1979 a & b); Lundberg, (1991); Opper, (1979, 1980, 1981); Rystad, (1992); Törnvall, (1982) and Yebio, (1980-1992), and with the article 55c of the UN: *The aim of the economical and social council is to promote universal and effective respect of the rights of men and of fundamental freedom for all without distinction of race, sex, language or religion*, (United Nations, 1947:78)

Summary of Study 4

Study 4 was conducted as an ethnographic study of a postgraduate nursing course. Data was collected, processed and analysed following the same steps as in Study 3. The aim of Study 4 was to provide a student's perspective of the incorporation of internationalisation into Swedish undergraduate nursing education. I had planned to observe, identify and isolate specific situations where an ability to communicate interculturally becomes a basic necessity for a student nurse, so that they can accomplish the different tasks which are planned as a part of their educational programmes. Attention was paid to activities which enhance the student nurse's opportunities to acquire the skill of successfully communicating interculturally with their peers and teachers; an essential part of education in internationalisation for learning about solving problems in co-operation and collaboration across cultural and national boundaries. Three situations were described concerning activities, which had a bearing on incorporating internationalisation into nursing education. The analysis of the data provided support for the categories 'educational needs', 'cultural context', and 'TLC' for incorporating internationalisation into Swedish undergraduate nursing education. The analysis showed that education in internationalisation contains within it the risk of awakening deep emotions. If carefully managed, it offers the choices, challenges and rewards when opportunities are grasped and utilised. Such interventions affect two distinct aspects of the educational process, namely teaching and learning .

Contribution made by Study 4

Study 4 illuminated, through a student perspective, the need for carefully planned and organised activities to incorporate internationalisation into the curriculum for Swedish undergraduate nursing education. The analysis also brought to light a need to know if the suggestions thrown up by the four studies are feasible in practice. Study 4 thus led to Study 5, which was undertaken as action research from a teacher's perspective.

Chapter 7:5

STUDY FIVE: THE TEACHER'S PERSPECTIVE

It is often stated that an explanation of an action should be given in terms of a set of beliefs, capacities and intentions of an agent that together provide reasons for the performance of the given action, i.e. that show that the action was the rational thing to do in the given situation. (Wittrock, 1973:153).

On completion of Study 4 support for the results of the analyses from Studies 1 & 2 was strengthened. The student's perspective in Study 4 unfolded the relation between the educational process and the product and gave rise to questions, which could be solved through action research. It was necessary to confirm that the knowledge gained from the previous studies was feasible in practice for incorporating internationalisation into the curriculum for Swedish undergraduate nursing education.

Formalities of Study 5

The following questions provided a starting point for Study 5:

- ***Is it possible to derive a specific didactic strategy for internationalisation from the knowledge gained from Studies 1-4 to fulfil the aim of the present research?***
- ***What activities can or do enhance the incorporation of internationalisation into Swedish undergraduate nursing education that can lead to a specific didactic strategy?***
- ***Can or do the categories 'educational needs', 'cultural context' and 'TLC' provide the support and guidance for a specific didactic process that is necessary for education in internationalisation?***
- ***What is the didactic outcome or product when a specific didactic strategy for internationalisation has been implemented into the curriculum?***

With reference to Chapters 3, 4 and Studies 1-4, health in the context of nursing was central to Study 5. The focus was upon awareness (conscientisation), upon emancipation and upon globalisation for health education to promote, preserve, maintain, restore health of each individual in society, irrespective of class, colour, creed, age or sex. This also involved focusing on successful intercultural communication to establish trusting relationships that cope with the duality of the professional tasks of a nurse or midwife. *The human care process in nursing is connected to other human struggles, and to the tearing and wounding that can happen to a person or a race, a culture, or a civilisation. This intensely human process of nursing can be a struggle for the professional nurse during time of scientism and high technology.* (Watson & Ray, 1988:x).

The compatibility of the goals and ideology of all the official Swedish documents, in connection with education in internationalisation in the context of nursing, provided the foundation for Study 5. The different activities within the framework of the curriculum were planned and organised with a view to the categories 'educational needs', 'cultural context', and 'TLC'. Study 5 was conducted as action research within the existing framework of the curriculum and the resources available, both human and material. For the data collection and analysis of the action research I have employed ideas from ethnography as both an approach and a method, (Chapter 5). The action research approach was chosen to make the present research more directly relevant to my own ongoing work as a nurse teacher does, (Meighan, 1992). I was faced with the issues of incorporating internationalisation primarily into undergraduate nursing education, and later in other paramedical educational programmes within Swedish higher education, in connection with courses in basic nursing care.

The educational process was anchored to the results of the analyses of data from chapter 6 and the Studies 1-4 for the pedagogical perspective, the content and the teaching approach. Together they provided the necessary support and guidance to solve the fundamental pedagogical questions *why, what, when, where*, and *how*. Attention was paid to the knowledge and skills related to internationalisation in the context of holistic-humanistic nursing with TLC whenever an opportunity arose to illuminate any aspect of health from a global perspective. Whenever I was responsible for planning and organising the curriculum of any course - short or long, theoretical or practical - specific activities for internationalisation were planned throughout. Emphasis was laid upon awareness of global issues and on the ability to conduct successful intercultural communication for co-operation and collaboration over cultural and national boundaries. Minor adjustments within the existing framework were continually made to improve the content and approach on the basis of feedback concerning internationalisation. Feedback was collected through the evaluations of activities for internationalisation from colleagues, supervisors, and students. The entire didactic process was documented in carefully kept diaries.

Particular attention was paid to all relevant issues in connection with the activities to incorporate internationalisation. This meant: paying attention to the planning, organising and distribution of resources; the involvement of, and co-operation and collaboration with, administrators, colleagues, and students who required, and were given, particular encouragement to be active in planning activities; ensuring that all individuals in the relevant groups benefit from specific activities; creating a harmonious learning environment to establish trusting relationships between the individuals involved; and continually observing, assessing, evaluating, reflecting and developing further the didactic strategy for education in internationalisation. Here support and guidance was drawn from various sources described in Chapter 4 e.g. Knowles, (1980, 1985) for adult education; Bevis & Watson, (1989) and Eriksson, (1988-1993) for a caring curriculum; Dahlgren, (1982) and Englund & Svingby, (1982) for planning and organising activities; Erlöv & Petersson, (1992) for history of nursing 'from nobody to somebody'; Benner, (1984), and Johansson, (1988, 1994) for professional nursing; Paterson & Zderad, (1988) and Eriksson (1989, 1993) for holistic humanistic nursing; Burns, (1979 a&b), Lundberg, (1991); Opper, (1979, 1980, 1981) Törnvall, (1982), Yebio, (1980-1992) for co-operation with the administrators and collegues for specific activities to incorporate internationalisation; Perry (1970) for a checklist of students' educational views- CLEV test (appendix 4), as measurement of academic competence, Warren, (1978).

Data was collected in the form of participant observations from every planned and spontaneous activity that took place. This meant data from planning, organising, and conducting the different activities. Thus data was collected from all stages of didactic process; from making contacts with the colleagues and the clinical supervisors, from delivering lectures, from demonstrating and supervising proficiency skills, from showing films and slides, from dialogues, discussions, and seminars, and from assessments, evaluations and examinations. Spontaneous telephone calls, and letters from students or their clinical supervisors and my colleagues in connection with the activities for internationalisation were also documented. Observations of all activities and incident in all the different groups were 'jotted' down as they happened (during both theoretical and practical work). The 'jottings' were later transformed into ethnographic diaries as in Study 3. The content of the diaries was processed to identify and isolate critical instances by following the same criteria as in Study 3. Following the same steps as in Study 1, the analysis was carried out in two stages.

The existing curricular frame of reference for Study 5

The 1982 curriculum for the undergraduate nursing education was divided into three major courses as follows:

Course A was ten weeks long (10 points), and was centred on the conditions of life of an individual group in society. The aim was to include those aspects of the society, which influence the health of an individual, viewed from a sociological, pedagogical, and psychological perspective. The emphasis was on holistic health education for the promotion of health in different working environments in order to provide services to society in the form of primary, secondary and tertiary preventive measures against ill health. The bulk of the content of Course A was specifically centred on the theme 'Man in the Society'. There were clear instructions that Course A should not include any aspects of ill health. Three points of the Course A were reserved for doing a project, either individually or in a group, to enhance learning about issues of health in different working environments. The project also served as an introduction to scientific methodology. Course A was fundamental to all the different curricula for the middle-long paramedical educational programmes that facilitated action research in different groups of students within the care sector. Course A provided opportunities to illuminate internationalisation from a health perspective. In connection with promotion of health of an individual, group emphasis was laid on the diverse actions accomplished through co-operation and collaboration with the international organisations of which Sweden is a member.

Course B was thirty weeks long (30 points), and was divided into two parts: the theoretical consisting of 15 points; and the practical consisting of 15 points. Education in nursing theory and practice was limited to learning about providing basic nursing care in different situations, viz. medicine, surgery, psychiatry, obstetrics, and paediatrics. Course B provided opportunities to illuminate internationalisation in the context of nursing with TLC to promote, preserve, maintain, and restore the health of an individual through holistic health education within a humanistic nursing process.

Course C was forty weeks long (40 points), and was divided unevenly: ten weeks of theory, and thirty weeks of practical work. Both theory and practice revolved around acute, emergency, and intermediate-to-advanced level medical and surgical nursing. A five-point project, with an emphasis on nursing, was conducted during Course C to develop further training in scientific methods. Course C provided opportunities to assess, evaluate, and further refine each student's knowledge and skills, changes in attitudes and values, personality development, and problem-solving ability, through critical thinking and reflection on action. Course C aimed at enhancing learning about a holistic-humanistic-caring approach to individually planned nursing care that was based on sound ethical judgement.

The results of action research

Once Study 5 was initiated, it developed and progressed in three distinct stages. Stages I and II are described briefly. Stage III is described more elaborately. Only a few examples can be given of the activities, situations and utterances that illuminate the didactic process and product in order to describe the action research of Study 5. TQM is judged by the satisfaction expressed within the utterances of the different actors involved.

Stage I: the initial stage

This involved a group of twenty-five undergraduate student nurses, following them from the introduction in the first term to graduation at the end of the educational programme. A colleague and I had the joint responsibility for planning, organising and supervising the entire curriculum. We had the opportunities to work in co-operation and collaboration with teachers who were responsible for two parallel groups. In order to avoid dissimilarities in the content, teaching methods and the follow-up by way of examinations and evaluations, we planned and structured the curriculum jointly for all three groups. We divided the teaching responsibilities according to our specialities and interests. Thus, at first I assumed the responsibility for incorporating internationalisation into the theoretical work in first term. As the curriculum progressed we were all encouraged to continue the incorporation of internationalisation throughout the whole curriculum. Periodically, I also taught as a guest lecturer in other groups. My commitment to action research, however, was limited to my own group only. From the analysis of the data from the first term encouraging support and guidance emerged, which positively influenced both the didactic process and the product for the rest of the curriculum.

Examples of utterances in Stage I

The teaching process: *I was dubious at first about incorporating internationalisation first into the introductory and later into the whole curriculum. Having gained a deeper understanding, I have changed my mind entirely. It has made me think and reflect upon what we do, do not do. We have a tendency to follow our narrow minded traditional curriculum and we are so concerned about the medical technology that we forget the centrality of our context which is nursing with TLC. We regard both the patients and the students as robots who function like machines...a caring curriculum can enhance the quality of life for nurses, teachers, students who are desperate to establish interpersonal relationships because they are confused, lonely, unhappy and cannot cope with the demands of work, studies, life in general... I remember a tragic incident... just before the final exams... a student committed suicide. In the diary, which was found later, the student had written about loneliness and a longing to make friends with the classmates... On hearing this we were all shocked. If only we had known! We cannot preach about care and caring if we do not, cannot show care to our colleagues, students. I think internationalisation is necessary not only for students but also for teachers, and our leaders. It gives an opportunity to bring into the curriculum humanity,* (the co-worker*)*.

The learning process: *...the lecture on the global environment was enlightening...I felt encouraged to take responsibility for re-cycling projects... It is also my duty to improve the socio-cultural environment...[and] peace and harmony not only on Earth but also in our homes, our schools, our work places,* (a student after the first term).

...one thing I am really glad about is the different activities in connection with internationalisation... the more responsibility I am allowed to assume on the ward, the more aware I become of its importance in our education... At first I did not like taking valuable time from other subjects...but I have changed my mind... It somehow makes me grow within myself... if you know what I mean... (A student during the last term).

The product: I *have worked on the same ward for the past thirty years, and have received many different student nurses onto my ward...there is something special about the students from your group...they are more alert...they have a capacity to cope with strange things without getting into panic...they are willing to co-operate and collaborate with all members of the staff...they are polite and gentle, but can be firm when necessary...they can establish good working relationships with patients and staff...they are professionals but not rude...they ask questions...they listen...they observe...they discuss...they are not afraid...they have confidence...*, (a clinical supervisor during the second term).

Comments: The analysis of utterances of process and product showed that both teachers and students made positive progress towards the aims for education in internationalisation, (Chapters 6, 6:1-2, Studies 7:1-2). There were cognitive, affective, and effective changes within them.

Stage II: the intermediate stage

This stage involved my second group of twenty-five undergraduate student nurses after the first group had graduated. This time I worked with another colleague who was also willing to let me continue being responsible for incorporating internationalisation throughout the curriculum as I thought fit. The positive experiences of the initial stage encouraged and inspired me to repeat the curricular activities as Stage II in action research. Unfortunately, the intermediate stage was put into practice during a difficult period. Innumerable, radical changes in administration and organisation disturbed the harmony of the psychosocial working environment. Lack of general support and guidance both for teachers and students affected the didactic process. After the introductory period of the curriculum, it was not possible to incorporate any further activities for education in internationalisation, despite many efforts made at different times during the rest of the course. The students had prepared a list of 'Does and Don'ts' for teachers. Activities for internationalisation were given no priority at all. They demanded that all education be in the form of lectures delivered only by medical staff or nurses from the intensive care wards who mastered the technology of the modern apparatus. Theories and ideas about holistic-humanistic nursing care with a global perspective, and the necessity of cultural awareness in an internationalised society, were new and confusing for many administrators, teachers, and clinical supervisors. Therefore also for this particular group of students who, had been brought up to value traditional subjects and traditional teaching-learning approaches.

Examples of utterances

I see no reason why we should bother so much about immigrants and the third world. It is not our fault that they have difficulties in their countries. Sweden should be for the Swedes only. As soon as I am qualified, I am going to have at least four children, which I think every Swedish woman ought to do, to make sure we outnumber the immigrants in this country for the survival of the Swedes, (a student during assessment during clinical practice).

These students are not planning to work abroad and I see no reason why valuable time and efforts should be devoted to learning about what goes on in other countries and about different cultures. We are not the cause of all the misery in the world...We have enough worries of our own, (a colleague who was responsible for another group of students).

Comments and results of the process and product in Stage II

Analysis of utterances of process and product in Stage II showed that neither teachers nor students made positive progress towards the aims for education in internationalisation, as had been the case in Stage I. They did not show cognitive, affective and effective changes within themselves. The students in the intermediate group often failed their theoretical examinations and practical assessments. They could not co-operate and collaborate with either peers or teachers and supervisors. These students did not appreciate an untraditional didactic approach. They strove for knowledge and skills in medical technology, and considered that 'holism-humanism' was merely a naive way to view the reality of nursing within a contemporary Swedish health care system that was the best in the world thanks to its advanced medical-technology. During various discussions they aired views which mirrored prejudice, stereotyping, and negative attitudes and values towards immigrants and the less privileged countries. They opposed the work of Swedish international aid organisations, which they considered a waste of time, money and energy.

Reflections and conclusions from Stage II

The disharmony within the infrastructure and poor leadership combined with unsupportive colleagues and students blocking any effort made to institute innovational change within the curriculum reduced my and my colleague's courage of conviction to low ebb. Slowly but surely we realised that our original plan concerning the specific activities for education in internationalisation had to be abandoned. However, analysis of the product at the end of the curriculum compelled us to take time to think and reflect, and made us reconsider our position. The experience of the intermediate stage became a challenge not to give up, but instead to develop our efforts further. Stage III thus developed.

Stage III: the extended stage

This stage was conducted within the curricula for different categories of students within the paramedical educational programmes of the care sector. Owing to changes within the infrastructure of the Department of Nursing, I was allocated teaching responsibilities for different groups of undergraduate students. In this way, groups of different categories of paramedical undergraduate students also became involved in Study 5. Education for international understanding was a part of all the curricula within the care sector. I had the responsibility for planning and organising theoretical and practical exercises in connection with specific parts of the specific courses, viz. for primary health care for undergraduate student nurses, and for a course in basic nursing care for audio-technology, and physio- and occupational therapy students. During the basic nursing courses, I was involved either only during the clinical practice (occupational therapy students), or both during theory and practice (audio-technology and physiotherapy students). The number of students in my groups ranged from twelve to fifty-six in the space of one term. The duration of each course at a time for which I was responsible ranged from three weeks follow-up of clinical practice, to four to six weeks that included both theory and clinical practice. In addition, I was occasionally invited to hold a lecture (of two to three hours), on issues of internationalisation in nursing at the end of the undergraduate student nurses' last term. In these instances the initiative was taken by the teachers and students in their respective groups. These assignments were often the result of an intervention when there was a gap in the schedule as a result of unexpected changes, or when someone was planning to work abroad. The data showed that my involvement on these occasions had never been as a result of conscious planning in advance, either by teachers or students.

Examples of planned activities to incorporate internationalisation

I describe below a few examples of the activities showing their content and approach (see also Appendices 4-11).

Hello and welcome! - an introduction on the first day

On the first day, students are nervous, anxious, and apprehensive because everything is new; the college, the classroom, the curriculum, the teachers, and their peers. Some may have travelled a long distance; some may not have managed to organise day-care for their children or pets. Some may not be sure if they have made the right choice. For all these reasons, it is important to give a warm welcome and plan the first day carefully. The following steps were therefore taken:

Before the arrival of the students, the furniture in the classroom was arranged in a horseshoe, leaving open space in the middle to allow the author to maintain intimacy and distance as required during lectures, dialogues, discussions, and demonstrations etc. If the size of the group did not permit any other type of seating arrangement, then the tables were arranged in rows, taking care to keep plenty of space all around for physical comfort. Fresh flowers (during spring and summer), or candles (during autumn and winter) were placed on the teacher's table to provide an aesthetic experience for the whole group. As the students arrived, soft music was played. When every one was settled, pretty baskets with fruit or ginger biscuits (depending on the season) were passed around to break the ice and make the students feel comfortable and welcomed. General information was kept brief to avoid boredom on the first day. Instead each student was asked to write down his or her own needs, desires and expectations on the course. The students were asked to carefully retain their papers to refer to as the curriculum progressed, in order to be able to actively participate in planning the different activities within the framework of the curriculum.

Getting to know you! - establishing trusting relationships

If the group was large and sitting in rows, a quick game was played. All the students rise simultaneously, do an about-turn, and shake hands with the person in front! This is impossible because when they turn, they are not standing face to face to be able to shake hands. Each row faces the backs of the row in front. This is crazy, which makes some students begin to laugh. This has a contagious effect, and within a few moments the whole class is laughing and feeling good. A cosy, safe and secure environment is created.

Shall we have coffee! - becoming acquainted

During the first coffee break, the students were asked to go out in pairs, to become acquainted with one person only. Hearing just the names of the whole group without any other context is confusing, and it is difficult to remember names or become enthusiastic about anyone in particular. Since at work one cannot choose colleagues, one has to learn how to become acquainted so that a satisfactory working relationship can be established later. This exercise aimed to provide a learning experience for 'breaking the ice' to initiate communication without feeling anxiety, stress or threat.

Let's have lunch! - being together for caring and sharing

During the first few days, lunch break was slightly longer, and the students were particularly asked to form groups of 4-5, to have lunch together. It was made the responsibility of the whole group to make sure that no one was left out and no one ate alone, unless by choice.

Draw a self-portrait! - share who are you with us

On a small table, a pile of thick drawing papers and a box of coloured crayons were placed. At the end of the first day, the students were instructed each to take a page to draw a self-portrait as follows: on one side of the page they should briefly write what they would like to tell the class so that everyone gets to know them better, for example, name, age (optional), family, hobbies and other interests, and so on. On the other side, they should try to draw special features from their narrative; for example a saucepan and a wooden ladle, a dog, and a guitar would imply the person likes cooking, has a dog, and plays the guitar. The task had to be finished as homework in order to keep the drawings secret until the presentation on the last day of the week.

Welcome to a cocktail party! - getting to know you, and a foreign culture

The last three hours of the last day of the first week were kept free for a surprise activity. While the students were having a short break to stretch their legs, the furniture in the classroom was rearranged to form small groups of tables. All chairs were removed. The tables were then laid with glasses, serviettes, bowls filled with peanuts, chips, and fruit, and jugs of juice. A pretty invitation was placed on a stand by the door. The students were completely unaware of the arrangements being made in the classroom. As they re-entered the classroom, each student was personally greeted as a guest at the party in a Swedish manner, by shaking their hand. The cocktail party was then introduced, explaining to the students that a cocktail party is a popular Anglo-Saxons 'culture' for getting to know people. No one was allowed to sit and isolate him or herself; the 'guests' had to circulate. The topic for conversation was 'self-portrait'. As they gathered around each table, or stood in the room, each student presented him- or herself from his or her painting. Music was played softly in the background to create a party mood and yet allow conversations to develop.

The process

These activities prepared the groundwork to awaken within the students the interest, awareness and motivation to learn about 'culture' and internationalisation and intercultural communication. The activities provided opportunities to introduce learning about group work, group process, and enculturation processes through dialogues and discussions based upon mutual respect to preserve the dignity of each participant for joint efforts in co-operation and collaboration regardless of sub- or ethno-cultural differences. At the end of the week, the ground work thus achieved facilitated the teaching of specific terms, together with the stages of the enculturation process identified by Hoopes, (1981), and Pusch, (1981, 1983):

- ethno-centrism (absorbed in one's own culture)
- awareness (of our own culture)
- understanding (the impact of culture)
- acceptance, respect (for other cultures)
- appreciation, valuing (our own and other's cultures)
- selective adoption (from other cultures)
- assimilation, adaptation (into new cultures)
- bi-culturalism, multi-culturalism (cultural synergy)

Group work was introduced at earliest possible moment. The aim and dynamics of the group process were explained briefly to motivate the students to begin to read their compulsory text-book *Arbetsgruppens psykologi* by Lennéer-Axelson & Thylefors, (1981), and thus to be alert to observe and develop their own group process in a positive direction as an example of learning by doing. For solving the tasks in a group, a guideline suggested by Kempfer (1955:33), was issued and the following points were clarified:

- the definition of the problem (a clearer understanding of its nature)
- the establishments of the facts (securing all data on the causes or possible effects, in the context of the problem)
- the analysis of the facts (assessing them)
- the decision (making a choice between alternatives)
- the action (the execution of the decision)
- the evaluation (the assessment of the results of the action)

In order to allow the students to improve their communicative skills further, and to learn to broaden their perspective by comparing several different views on the same topic, group discussions were widened by incorporating cross-group discussions. A follow-up on the group work was done by checking the written report each group submitted after final alterations. The report consisted partly of a solution to the problem, and partly of a description of the group process that made each participant aware of the importance of his or her role in creating a successful group process. Sometimes the answers arrived at by the groups were discussed in the classroom to permit an exchange of views in a large group. Group process was also discussed in large group, thus illuminating the teacher's responsibility to create a supportive, harmonious environment so that the students felt safe and secure enough to be able to feel free to discuss successes as well as failures. Once the students had become accustomed to presenting the results of their work in the classroom, creativity was encouraged by making it a condition that the answers to group tasks were presented as by role play, drama, reading poetry, live or tape-recorded music, video film, slides, demonstration and so on. Textbooks from course literature were sometimes used as the overall theme for group work, where each group was made responsible for studying one of the chapters in depth, summarising the content through discussions, and then presenting the results in a creative way as described above.

A global perspective on culture, love, and holistic-humanistic nursing with TLC

A global perspective was employed at all times to enhance the students' understanding and appreciation of their principle subject, holistic-humanistic nursing with TLC, where culture and love are pivotal components. In this connection, the aesthetic perspective was employed with a dual purpose. First, to illuminate our common heritage as human beings of the same family having the same basic needs and sharing the resources of the same Earth. For this, examples of arts and artefacts were used to emphasise how these function as bridges to communicate between people across cultural and national boundaries. Second, to provide students with live aesthetic experience of the holistic wellbeing and harmonious environment that can be created through arts and artefacts. In all communities there is a strong tradition of communicating through entertainment. The following slides were shown against the background of appropriate music.

Two pregnant women: one, a materially poor African, the other, a relatively well to do European. Both standing at the water's edge. Soothing music in the background helped students to relax, and view the women from a holistic-humanistic perspective. They were asked to jot down their thoughts to provide a basis for discussion related to internationalisation: for example a global perspective on nursing; the global environment and the pollution of water; rich and poor; the impact of culture on daily life that influences one's world view regarding health and ill-health, birth and death, food and drinking habits, child-rearing, education, equality, solidarity, peace and war.

A beautifully laid tea tray: this slide was shown at first without any comments. In the background a song by Josephine Nilsson was played: Älska *mig som den jag är* (Love me as I am). On completion of the song, the students were asked to jot down their thoughts and reflections, which provided the basis for experiential and co-operative learning about the universality of the aesthetic need as one of the basic human needs in all cultures in all ages. The picture symbolised advanced nursing with TLC, which implies that however ill the patient may be his or her dignity has to be preserved until the very end. On the other hand the gesture of deep respect for the life of a person can make the most painful moments bearable both for patients and their relatives. The aesthetic experience can bring forth moments of immense joy which may trigger off the inner strength to recover. Any one who takes the time and patience to lay the tray so beautifully shows a deep concern and compassion for the sick person. The discussions included our views of man; the value of human life, respect for ill people in different cultures, cultural differences about food as nourishment, pleasure, the occurrence of obesity and anorexia in rich countries and of starvation and malnutrition in poor ones, rites, rituals and forbidden foods in different religions, and so on. There are cultures where it is the height of rudeness to stretch out a hand to a sick, elderly person with something to drink in a disposable plastic mug. In other cultures, a person's education and civility is judged by the way he or she serves food and drinks to others.

A pretty flower arrangement: in a beautiful vase instead of being stuck in a relatively ugly container. The joy the patient experiences of receiving the flowers, feeling them, touching them, smelling them, and reading the message sent with them before they are arranged prettily in front of him or her by a nurse who understands how much the flowers mean to the patient. Lively discussions broke out on cultural differences. What is highly appreciated in one culture may be regarded as disgrace in another culture.

Two hands: to symbolise the power of the touch of human hands to caress, to soothe, to comfort, to convey warmth, love, and affection, to create, and to give strength, support, and a sense of safety and security. Rules about showing emotional intimacy and distance are different in different cultures. Therefore it is important to observe spatial and tactile rules.

African sculpture and a self-portrait of Paul Klee: Arts have no cultural or national boundaries. Both slides exemplify modes of non-verbal communication when words are limited emotionally or linguistically, and also demonstrate the influence on Paul Klee of African arts.

Prose and poetry: Kant considered poetry as a sublime expression of aesthetic experience, where sublime means to greater than great. An example of poetry, especially from the Holy Quaran, not only provides an experience of poetry to enhance the appreciation of foreign literature, thoughts, and philosophy, but also an understanding of Islam that is different from the negative image often portrayed in the Western mass media. Such an understanding is necessary for approaching patients, clients, students, and staff who are Muslims in order to establish mutual respect and trusting relationships. Out of this awareness there grows in the students an understanding and appreciation of the classics and other literary works, and a deeper understanding of holistic-humanistic nursing interventions through TLC. At the same time, there grows an understanding, appreciation, and respect for the differences between cultures, religions and beliefs of different people of the world. The Holy Quaran is the only religious book where the equality of all men is clearly and categorically stated. This particular outcome of education for international understanding is what the Lebanese delegates had in mind when they suggested to UNESCO in 1946 that the world's classics should be translated into different languages for the educational benefit of the young people of the world by increasing their understanding and appreciation of the different cultures of the world, (United Nations, 1947). If poetry is the sublime form of art and aesthetic expression, then the Sura from the Holy Quaran also illuminates the literary quality of the Holy Quaran which has fascinated linguistic scholars all over the world, (Arberry, 1989). Out of this realisation ...*it will occur to him [the student nurse] that the duties of man as he may learn them from the verses of the Koran and the Traditions of the Prophet are not very different from those he may learn from the Sermon on the Mount. But man is imperfect creature, at the mercy of his passion, and it should surprise no one that too often these duties are no more practised by Muslim than by Christian.* (Maugham, in H.H. The Aga Khan, 1954:xii).

Examples of poetry:

NUR (LIGHT)

Allah is the light of the heavens and the earth;
His light is as a niche in which is a lamp, and the lamp is in a glass,
the glass is as though it were a glittering star;
It is lit from a blessed tree, an Olive neither of the east nor of the west, the oil of which would well-nigh give light though no fire touched it, - light upon light;
Allah guides to His light whom He pleases;
and Allah strikes our parables for men; and Allah all things doth know.

(Holy Quaran, Chapter XXIV - light-35, translated by H.H. The Aga Khan, 1954:172)

COLOURS

My skin is kind of sort of brownish
Pinkish yellowish white.
My eyes are greyish bluish green,
But I'm told they look orange in the night.
My hair is reddish blondish brown,
But its silver when its wet.
And all the colours I am inside
Have not been discovered yet.
(Silverstein, 1974:24)

A JAPANESE HAIKU

A world of grief and pain;
Flowers bloom;
Even then....
(Issa, 1763-1827, in Blyth 1967, unpaged).

Evaluations, assessments, examinations and follow-ups

When it came to aspects of internationalisation in the context of nursing, the aim for conducting evaluations, assessments and examinations was two-fold: to check that the students had learnt what was intended by the curriculum; and to provide additional learning opportunities through dialogues for co-operation and collaboration.

Evaluations served as training in thinking, reflecting, and expressing in writing one's own views, frankly but constructively. During the initial stage, a ***checklist of educational views*** or **CLEV** (Perry, 1970) specifically concerning aspects of 'culture' had become discernible, which vanished during the intermediate stage. It was then crystallised during the extended stage, and employed in each course to assess changes in attitudes and values concerning the changes to the curriculum which focused on 'culture', (see Appendix 4). In addition, the courses were evaluated by using open-closed questions. Feedback was given either by a letter or in the classroom in an open discussion, without mentioning names. Evaluations were conducted in different ways. Having received a few spontaneous letters from the students describing their experiences of the courses for which I had been responsible, I hit on the idea asking the students to write letters to me at the end of the first two weeks and at the end of the course, as part of the evaluation process. The students were asked to write a personal letter to me (as if I was a friend, so that both roses and bricks could be thrown), relating his or her feelings, thoughts, and reflections on his or her own learning process in connection with specific activities for education in internationalisation. The students were asked to carry out this exercise bearing in mind the following three questions:

- ***What have you learnt regarding internationalisation and intercultural communication, which has relevance for you and your work? Please describe concrete situations as examples of your learning experience.***
- ***What did you appreciate? What could be improved, and how?***
- ***What was your contribution, for example, in planning and organising, and providing ideas and questions for discussions etc. to enhance your own learning?***

These ***assessments*** were conducted three times during clinical practice, which lasted a period of five weeks, (for shorter periods once or twice), in the form of conversations between the supervisor, student, and me. Apart from formally assessing the student's performance, each assessment was also conducted as a learning experience for all involved as part of our education in internationalisation.

In ***examinations,*** aspects of internationalisation were intertwined with questions about nursing and health education designed to influence life style to promote, preserve, maintain, and restore the health of an individual taking into consideration the impact of culture on health. For nursing processes, authentic case studies were employed. Questions were also constructed to pay attention to intercultural encounters. Each group was given a specific case history, with its associated problems. To solve the different tasks, the students had to draw upon their experience gained from both theory and practice. The presentation had to be made as a written report as well as by a creative activity so those students who were not allocated the same task could learn from each other's presentations. The data showed appreciable success both in the knowledge and behaviour of the students. Creative presentation allowed the management of sensitive or difficult subjects in an entertaining, non-threatening and inoffensive manner, in agreement with the approaches of Babalola et al., (1993).

The product during the extended stage

The analysis of data showed that once awareness and curiosity are aroused, the students acquire a positive attitude, and willingly contribute in the planning of the different activities within the curriculum. As for education for international understanding, they acquired increased knowledge, proficiency skills and ability to solve problems. There were changes in their attitudes and values, which contributed, to personality development. The analysis also demonstrated that previously ingrained prejudice, attitudes and values instilled in students by the families, schoolbooks and society, (Olsson, 1986), were replaced by knowledge of the necessity of pluralism and integration to combine traditional and modern principles and practice (Landy, 1977), in nursing to enhance quality of care. Thus the student nurses' respect for other cultures, traditions and lifestyles grew. They learned to understand and appreciate the cultural needs of patients without feeling threatened in their own beliefs. In so doing, the student nurses became more broad-minded. Their utterances showed that they had acquired humility and humbleness towards people of different backgrounds, by learning that empathy is sharing. Caring is sharing, (Felice-Farese, 1993). The specific activities had facilitated learning about empathy, caring and sharing within nursing which, is an essential part of education in internationalisation. Assessments by elderly, experienced clinical supervisors often stressed the student's understanding and appreciation that a nurse or midwife does not actively soothe, she interprets the care recipient's yearning to be soothed. She does not actively mirror their needs; she interprets the need for confirming responses. She does not actively approve or encourage great expectations, but explains their role in the psychological effect on the course of ill health or disability. She does not fall into passive silence, but explains when her interventions may be felt as intrusive. Her mere presence, or the fact that she talks, replies, understands, and responds to their inner needs, all has a soothing effect on the care recipients, irrespective of class, colour, creed, age, or sex.

At the end of each course, the students showed that in concrete situations, both during theory and practice, they had developed their self-awareness, self-confidence and self-esteem. They were conscious of the global issues and their role and responsibility, and of the challenges and opportunities open to them for actively participating to resolve global issues. They were harmonious, easy to get on with, and had many outside interests, which made them more willing to co-operate and collaborate in making innovational changes in the curriculum to incorporate internationalisation. By the end of first week or so, most students had acquired good study habits, promoting deep learning that was contextually relevant and meaningful. Their performance in clinical practice showed that they could organise and give priority to their work based on decisions made on the basis of sound ethical judgement. They had sufficiently positive attitudes, values and behaviours towards strangers to be able to establish functioning relationships with their peers, teachers, preceptors, and staff. They had also acquired sufficient knowledge and skills in intercultural communication to be able to manage cultural encounters without stress. They enjoyed being creative in solving problems and had an appreciation for holistic humanistic nursing instead of for medical technology alone. The analysis also pointed to the following three distinct changes within the students as a result of education in internationalisation, in agreement with Brislin, (1993):

- **Changes in student's thinking,** involving a movement towards complexity. The students could think and accept diverse points of views and a range of possible explanations about a given phenomenon based upon cultural differences.

- **Changes in student's emotions**. Studying cultural differences aroused their emotions and had an impact. The students made an effort to understand their own culture better; to develop a worldview that made sense to them. Students who at first had viewed intercultural encounters within nursing situations with anxiety, became more self-confident and enjoyed interacting with people from a different culture. With a positive attitude towards people previously considered 'strangers', the students developed within themselves cultural relativity and cultural sensitivity. They had developed empathy with and tolerance of diversity. They had become mature. Their critical judgement and problem-solving skills were refined.

- **Changes in student's behaviour** was shown in their culturally relative thinking. They did not become emotionally upset when faced with challenges of cultural differences and could control angry outbursts, sullenness or withdrawal from conversations. They could establish functioning relationships. They did not become tense when they interacted interculturally. They were relaxed and could become engaged in informal, pleasant behaviour. They could work in different groups in co-operation and collaboration.

In addition, Study 5 also crystallised the role of the teacher and students in successfully incorporating internationalisation into curriculum. The teachers required deep knowledge, skills, concern and commitment for education in internationalisation. The students needed to be willing to broaden their worldview and have a positive attitude and flexibility to learn about new subjects through new approaches. Teachers and students from different cultural backgrounds played an important role as resources for incorporating internationalisation. This enhanced group dynamics for joint efforts in co-operation and collaboration amongst the students. They were able to solve internal conflicts. Unsociability was replaced with a trusting, caring and sharing environment. They could withstand pressures from their environment for 'being and doing' in accordance with their ethical judgement. They could show high self-esteem when they could confidently differentiate between, and take a stand concerning, right and wrong, good and bad, selfishness and generosity, honesty and lies. Incorporating the humanities and arts as essential activities in education in internationalisation promoted within the students a more aesthetic, less instrumental way of thinking. They discovered imaginative ways that enabled them to develop more meaningful understandings of their lived experiences during their education.

Conclusions

The final analysis of the data from Study 5 as action research highlighted that undergraduate nursing education is a dynamic process. It has the potential for teacher and student to influence one another. The teacher has a great potential to influence the students' cognitive processing of the content and the approach that determines what is processed, how it is processed, and thus eventually what is learned and remembered by the students for use in practice. The students learn from what they experience. Evaluations of their experiences provide a rich material for the teachers to bring about changes continually to improve the content and the teaching approach of the curriculum. The analysis of the didactic process brought out the fact that creativity, flexibility, and ethical issues become important when planning and organising educational activities for the presentation, conclusion, evaluation, and feedback that takes the students' time and efforts. An important finding was that to reach the curricular goals for internationalisation, three types of teaching is required. ***Teaching that*** (the content), ***teaching to*** (the undergraduate student nurses), and ***teaching how***, (the approach). A combination of three types of teaching can form the basis for a potential didactic strategy for education in internationalisation. Study 5 also crystallised the role of the teacher and students in successfully incorporating internationalisation into the curriculum. The teachers need to have deep knowledge, skills, concern and commitment for education in internationalisation. Both content and teaching method play an important part. Above all, the awareness and application of educational theories and educational considerations for a caring curriculum are crucial. This is important to encourage the student's motivation and willingness to allow the process of emancipation to occur. This implies broadening their worldview, having a positive attitude, and a willingness to learn new subjects by unconventional methods. Study 5 emphasised the important role students and teachers with different cultural backgrounds can play in different situations.

Action research in Study 5 made it possible to study both the process and the product of educational efforts to incorporate internationalisation into the curriculum. It demanded no extra resources. Adjustments were made after evaluations, and the new strategies were implemented without delay. Participant observations made, as an outsider would not have allowed this development. As a passive observer I would not have had the opportunity to make any changes. Nor would I have been able to gain access to data from incidents that occurred when I was not present. This was enhanced because of my socio-cultural knowledge about the situations involved through 'complete participation'. From action research, ideas about developmental phenomenography could be implemented, (Chapter 5). This in turn illuminated the importance of incorporating internationalisation into the curriculum and how it can act both as a means and a goal to achieve total quality management (TQM) in theory as well as in clinical practice. Data from action research both confirmed and further refined the research framework and theoretical anchorage described in Chapters 3 and 4. The results also showed agreement with the current research in internationalisation in higher education and nursing. By so doing it eventually crystallised an outline for a specific '8-I' didactic strategy as support and guidance for incorporating internationalisation into the curriculum, (see chapter 8:2).

Summary of Study 5

Study 5 was conducted as action research. It was conducted amongst undergraduate, nursing and other paramedical students, during theory and practice. As the study progressed, three distinct stages emerged: the initial stage, the intermediate stage, and the advanced stage. Owing to various difficulties, internationalisation was only incorporated into the initial phase of the course for the intermediate stage. During Stages III & I the specific activities were incorporated into the entire curriculum. The data showed the presence or absence of noticeable changes in the achievements of the students, depending on whether the specific activities were incorporated or not. The analysis of each stage illuminated the didactic process and the product concerning knowledge, skills, changes in attitudes and values, personality development, and problem-solving ability through a holistic-humanistic caring approach, based upon sound ethical judgement to encompass the giving and receiving of TLC. The results of the analysis confirmed the validity of the results of Studies 1-4, and provided the basis for a concrete didactic strategy to resolve the fundamental pedagogic issues which arise when incorporating internationalisation into Swedish undergraduate nursing education. The situations illuminated the necessity of follow-up activities to ensure that the students learn, and are able to make use of their new knowledge in different situations. The development of three stages showed that the success of teaching internationalisation lies in the quality of the performance of the teacher during the introduction to engage the student's attention, and to motivate him or her to incorporate, and thus learn about, internationalisation.

The contribution made by Study 5

Study 5 made it possible to derive support and guidance from the results of Studies 1-4 to manage the fundamental pedagogic questions for incorporating internationalisation into Swedish undergraduate nursing education. The assessments and evaluations provided support and guidance for refining the didactic strategy of the content and teaching approach by applying the categories 'educational needs', 'culture context', and 'TLC'. However, Study 5 also posed a question, which led to Study 6 as a complementary study.

Chapter 7:6

STUDY SIX: SURVEYS WITH QUESTIONNAIRES

Study 6 is a complementary study conducted as a survey by questionnaire of the students and their teachers, and was primarily intended to confirm and refine results of Studies 1-5. The participants responded warmly and provided rich data, thus making Study 6 an important study. It is described below only very briefly in order to provide an insight into what the survey involved and what kind of answers have been received in response to the questionnaires.

Formalities of Study 6

On completion of Study 5 the following two important questions had risen:

- ***What steps do teachers responsible for planning and conducting various undergraduate programmes within the care sector of Swedish higher education take to incorporate internationalisation into their educational programmes? How do they conceive the intentions of the official documents and interpret the implication of education for international understanding?***
- ***What competence do students (undergraduate as well as postgraduate) attending some of the educational programmes of the care sector possess concerning internationalisation on completion of their various educational programmes? What are their views, what training have they received, and what ability do they possess as a result of, or lack because of not having received, education in internationalisation?***

In connection with incorporating internationalisation into the curriculum of Swedish undergraduate nursing education, the aim of Study 6 was to gather data from a large number of individuals within a short time. It was envisaged that from the data thus collected it would then be possible to describe the nature of the existing conditions within different curricula, to identify standards against which existing conditions can be compared, and to determine the relationships that exist between specific events in connection with internationalisation. A survey to be conducted with the help of questionnaires was therefore planned. The aim of the questionnaires was to replace face-to-face interviews, partly for a change in method and partly to avoid the psychological discomfort or emotional embarrassment of the participants if they wanted to express any negative opinions (compare Study 3 and 4). In a face-to-face interview it might have been difficult for some of the participants to express negative feelings towards other cultures because I am not a Swede. The survey was directed towards two groups of respondents - students and teachers. For both questionnaires, attention was paid in constructing the questions so they allowed the respondents to express themselves freely on various issues that they considered important, and to make answering the questions a learning experience. In so doing, it was thought to repay the generosity of those who had willingly made efforts to participate. Participation in the survey was not compulsory. Each questionnaire was composed of open and closed questions. The questions for both groups were constructed on the basis of knowledge and experience, which I had gained from Studies 1-5. The overall general educational goals concerning international understanding were the same for all the programmes within the care sector of Swedish higher education. This facilitated the use of the same questionnaire for the different groups of respondents.

Processing and analysis of the data from the answers referred to within this chapter was conducted following the same steps as in Study 1.

The survey was conducted during the last weeks of the last term of each group of students. It was reasoned that, for students, answering the questionnaire might be made easier if they had nearly completed their education before it was put to them. The following were the target groups:

- students in the undergraduate programmes: audio-technology, medical, nursing, physio- and occupational therapy students.
- students in the postgraduate programmes: community health nursing, midwifery, and nursing teacher-training students.

The student's questionnaire was divided into six parts. Each part emphasised a specific aspect of the educational process and its product. Part I emphasised knowledge. Part II emphasised proficiency skills. Part III emphasised personality development. Part IV emphasised attitudes and values. Part V emphasised ability to solve problems. Part VI emphasised the overall impression. Here the students were invited to express their views on the content of the questionnaire, its relevance for their education or profession, and finally their experience of participating in the survey. The teacher's questionnaire had only three questions - one closed, two open.

Before conducting the survey, permission was sought from the directors of studies or their equivalents at various institutes, and from the teachers concerned, to allow the survey to take place. Permission was willingly granted because participation by the students in the study was viewed as a concrete example of learning about scientific methods. The teachers had willingly allocated time in their respective schedules so that the study could be conducted without any extra burden on the student's own time. Permission was also obtained from the students, through their respective teachers, to conduct the survey amongst them.

- The total number of groups approached was 13.
- The total number of students registered in 13 groups was 397.
- The total number of students who showed willingness to participate was 228.
- The total number of completed answers received after two reminders was 169.

For quantitative analysis, the response would be considered unsatisfactory. More than 50% did not answer. But for qualitative analysis the open-ended answers in the 169 completed questionnaires can be regarded as 169 interviews, far beyond the number I could have interviewed personally. Therefore, the response is considered satisfactory especially as it provided rich data and because Study 6 is not the main study. Most of the students who did not complete the questionnaires blamed the lack of time, despite the fact that the time for answering the questionnaire was worked into their schedules. The time allocated in the schedule for answering the questionnaire in the classroom was two to three hours, but many students expressed a wish to answer the questionnaire at a time and a place different to the one planned, which was permitted. The students had commented upon how much time they had taken to reply, which had been between two and a half-hours to up to seven days. A fair number of students had opted out with a reply: the *topic does not concern me*. Most of those who gave this reply were medical students. One teacher training student also had given this reply, which was surprising. Amongst those who replied very diligently were the audio-technology, occupational therapy and the community nurse students. Only one medical student had made an attempt to answer the entire questionnaire. However, this student had not been able to solve the problems in the case histories. The answers clearly showed that each student had felt at liberty to express both positive and negative opinions without hesitation, which made the answers even more reliable.

Examples of comments by students

Each student who had taken a considerable time to answer the questions had made a comment, for example *the questions have made me think and reflect, these questions are important and very relevant for our education, these topics must be given more time on the schedule, or the inquiries you make in different parts of the questionnaire are so truly connected that this questionnaire ought to be employed in all evaluations...*

One student who had taken seven days to reply had written: *This is the first time I have taken so long to answer a questionnaire. I have spent my commuting time on the train, for seven days, to reply the questions. Each question has made me think and reflect. A hurried answer was impossible to give. The aspects you have taken up are important and necessary in our education. Unfortunately, where is the time to discuss and incorporate internationalisation in our curriculum? The medical profession continues to expect of us knowledge and skills that can be of assistance to their own profession. The core of nursing gets lost on the way. However, I cannot but argue that immigrants have just as much a responsibility and duty to understand us and adapt to Swedish ways. Stop 'nannying' them and let them get on with life. Working with them is often frustrating because we must always compromise for them. This is wrong. Participating in the survey has provided an opportunity to air my views. At the same time it has been a learning experience...*

Another student who had taken three and a half days to reply wrote: What *you are taking up is very important for us all in society, and not only for the health care personnel. I have been fascinated by the questions and doing justice to them has taken time.*

On the question of having been taught specific aspects of internationalisation, it was difficult to judge the effect because the answers were confusing in Parts I and II. In each group, some students had been taught as mentioned in the questionnaire, while others in the same groups had not. This could be due to the fact that the students could not remember clearly, were absent at the time, or had moved from another town and joined the programme later. Many students had written: I *have said 'yes' to the above questions because I consider these aspects important for our education. But we do not have the time for all this.* Does the statement imply some aspects were covered, or does it imply none of the aspects were covered? Students who had shown negative attitudes in their answers to the open-ended questions at the beginning of the questionnaire, which dealt with incorporating internationalisation into their respective curricula, became positive as the questionnaire progressed. It was not uncommon to find answers like: At *first I did not realise how important it is for us to receive education in internationalisation. I have therefore answered negatively. But the case studies have made me realise I know very little about other cultures and religions. Since time is so limited, I suppose I must study about them myself', or 'I must confess I have not missed these aspects in my education. I have hardly had time to think about these things. But now you have awakened my conscience and made me aware of aspects, which I did not consider were necessary in the education for my profession... this questionnaire ought to be used as a routine for evaluating all educational programmes.*

However, there were also some negative reactions that were expressed as: *I have not answered these questions because these aspects do not concern me in my future professional role. It has been a waste of time to answer the questionnaire...*, or, *I feel rather a lot of fuss is made about these subjects in our education at a higher level when we have already covered these subjects at secondary school...*, or, *the questionnaire is silly.*

With reference to Studies 1-5, these examples of the students' answers also provided an indication of the educational process at work in each student regarding internationalisation to bring about within each specific cognitive, affective and behavioural changes. The answers revealed a pattern of their thinking, emotions and behaviour which, had or had not developed or changed as a result or lack of awareness, emancipation and globalisation through internationalisation in their education. This was an important finding because the ideology and philosophy of internationalisation expects that students who have received higher education are, as responsible professionals, to have a broad world view to be able to actively participate in society to bring about changes to resolve global issues, (Chapters 6 and 6.1-2).

Results of the student questionnaire

Problem-solving ability is considered a reliable indication of educational products. Therefore, only the results of the analysis of the answers to the case studies are briefly described below. These answers mirrored, in a nutshell, what each student had or had not learnt as an outcome of education in internationalisation. The answers were an indication of the cognitive, affective, and effective learning by each student. The answers revealed a pattern of changes in their 'being and doing' as an result of increased knowledge, understanding, appreciation, empathy, proficiency skills and reflection on action. This is necessary in connection with issues that require culture sensitivity and culture relativity when solving problems where culture has an essential impact, (Studies 3, 4 & 5).

Two authentic case studies were presented. Two students encountered them during Stage I in Study 5. The case studies had been successfully employed during Stage III as an exercise in problem-solving ability. Both case studies involved knowing certain basic aspects of different cultures. For example, the belief in certain rites, rituals and religion can sometimes cause distress to the patient if an intervention is experienced as violating those beliefs. Understanding and appreciating the problems described in the case histories in order to provide reasonable solutions required knowledge based upon Sachs, (1983), or Järtelius, (1985), or other texts dealing with learning about encounters with immigrants. A review of the literature within the curricula of all the participating groups had shown that the aforementioned literature was included either as compulsory or as reference literature in each. Therefore, it was assumed that if education in internationalisation had been incorporated into each curriculum, then each student would be able to provide a reasonable answer as an explanation or solution to the problem presented in each case study, to indicate his or her understanding of the impact of culture on health-related problems. It was also assumed and hoped that at least the postgraduate students would be able to provide an answer to indicate knowledge at a transcendental level (at a level beyond what is immediately perceived), based upon their professional experiences: The *words mean what they say, but some have a further meaning for you and me...*, (Elliot, 1967:294).

In the context of nursing with TLC, the correct answer required in both cases was an indication of awareness of the impact of culture on the problems that were presented in the case studies, and through using imagination to provide an acceptable solution. In the answers received this awareness was often either not apparent at all or was expressed only very faintly. Some students, whose curriculum had included the books mentioned, failed to give a reasonable explanation, while some students who had not received education about 'culture' had managed to give reasonable explanations by using imagination and creative thinking. The explanations given were analysed and categorised following the same steps as in Study 1.

With a view to problem-solving ability where culture has an impact, four categories were detected. These were:

- Knows about impact of culture and can solve the problem.
- Knows about impact of culture, but cannot solve the problem.
- Does not know about impact of culture, but can solve the problem.
- Does not know about impact of culture, and cannot solve the problem.

In comparison, it was found that towards the end of the curriculum each student within the extended stage in Study 5 could provide an answer, which could have been categorised as 'knows about impact of culture and can solve the problem'. These answers were used to show a holistic-humanistic approach to problem solving in nursing. The solutions illuminated compassion, empathy, and sound ethical judgement in connection with the impact of culture on health. The students who had become 'culture seekers' also displayed knowledge at a transcendental level. In the replies received from the survey, none had shown this level. The only medical student who had replied had, despite his or her lengthy undergraduate education to prepare him or her for more responsibilities than other categories of staff, simply replied: I *don't know*.

Finally a need for a caring, supportive, and harmonious learning climate was expressed over and over again by students in all groups. For instance one had written: Being *a student is difficult. A tendency to bullying in my class, which has been distressing. The teacher was not aware of or did care, how we felt. I have mostly buried my feelings inside me and have not dared or wanted to show how I really felt... something went wrong in communication between us from the start in the first term...*, or *teachers' and external lecturers' behaviour gave me poor self-assurance which afterwards followed me into practice. The schedules have been stressful. My stomach can become disturbed when it is stressful and my mouth becomes dry when I do not really master what I am doing. This cannot be right in our education, which is supposed to teach us about care and caring.*

Results of the teacher questionnaire

Only three questions were prepared for the teachers to answer. The choice of questions was made from the experiences gained in Studies 1-5. Altogether, twenty-three questionnaires were distributed. In some groups only one teacher had the entire responsibility. In others the responsibility was shared by more than one teacher. Hence the number of teachers is higher than the number of groups of students who participated in the survey. Answers were received from seventeen teachers. Their responses were as follows.

Question 1: If you were alone and had to organise a schedule for the students you teach or are responsible for as a course leader, how would you prioritise the following? Please write the number 1-13 in the order of time you would allocate for each topic in the table below: 1 for most time and 13 for least time.

TOPIC		Priority
1	Anatomy/physiology	
2	Pharmacology	
3	Microbiology	
4	Patho-physiology and diseases	
5	Nursing	
6	Behavioural science i.e. psychology.	
7	Natural science, e.g. mathematics, physics, chemistry	
8	Social science e.g. pedagogy, sociology.	
9	Internationalisation and global issues	
10	Culture and communication	
11	Catastrophe medicine, acute, emergency and intensive care	
12	Laws, rules and regulations	
13	Leadership, management and organisation	

Figure 7: 6.1. The table in the teachers' questionnaire. (Adatia-Sandström, 1997 ©.)

Question 1, was directed at the teachers' insight, understanding, interest, and commitment to incorporate internationalisation in their curricula by the priority accorded it when they planned and organised the curriculum. The analysis showed that the teachers' orders of priority could be considered as ***high*** if between 1-4; intermediate if between 5-8; and ***low*** if between 9-13. The priority given mirrored the awareness of each teacher of the issues involved. Those teachers who were interested in, and had a positive attitude towards, internationalisation had given it a higher priority than those who were not interested or had a negative attitude. Four teachers had given a high priority, three had given an intermediate, and ten had given a low priority. Judging by the answers in student questionnaire, the priority given by the teachers may reflect why education for international understanding is managed haphazardly in almost all the educational programmes within the care sector. The comments on Q 1 showed that low, intermediate, and high priority could be further analysed as a Category II 'culture context' that was discovered in Study 1. 'Culture blind' represented low priority; 'culture conscious' represented intermediate priority; and 'culture seeker' was represented by high priority.

Question 2: As a general goal, education shall promote understanding of other nations (and their cultures), and of international issues,' (SFS 1977:218, § 2).

(A) How do you as a teacher interpret the above goal of the Higher Education Act in connection with your educational programme?

(B) How do you implement these intentions in practice so that the above goal is reached? Please give concrete examples and motivation.'

Answers to Q 2 showed that there is an ambiguity amongst teachers. The answers to Q 2 a, was not matched by those to Q 2b. Fine words did not match the reality, as was also shown in Studies 1 and 2. For example, one participant had written: Q *2a: To awaken interest for international understanding and solidarity. difference in people's views on health related* *issues etc.* Q 2b: *But to be honest, I feel I do not or cannot manage the whole thing satisfactorily. Where is the time? I cannot neglect my own subject for which I am responsible and already do not have enough time. All these new ideas make demands. The question is how to make allowance for them?... even more important is...must we really have all this?*

Question 3: Is there anything else you would like to take up in connection with the above questions? To which one had replied: What *you take up in your questionnaire is important and relevant. Nevertheless I am afraid, we make too few efforts to do justice to the topic. There should be much more of it in all our educational programmes in view of the changing situations in society, and also to assist those who want to work abroad...to send medical assistance to other countries who need this help is our duty.*

Answers to Questions 2 & 3 showed an agreement between the views held by the students and the teachers in connection with activities to incorporate internationalisation into different curricula of the care sector. Some were willing but many were not.

Conclusions

The survey made it possible to gather data from a large number of individuals within a short time. The preliminary conclusions drawn from the open answers and the spontaneous comments showed that the data could be analysed further to fulfil the aim of Study 6. Amongst those who had taken the trouble to answer the questionnaire, a majority had commented that it had been a learning experience, and that it had made them aware of the importance of education in internationalisation in their respective educational programmes. However, the analysis showed that efforts to incorporate internationalisation vary from group to group. The students were dissatisfied with a curriculum, which turned them into 'stuffed geese', (a student's expression). They rejected an out-dated, hierarchical and authoritarian educational system that functioned mechanically. Yet the majority of the participants did not consider it necessary to give priority to education in internationalisation, owing either to the anxiety of not being able to provide a full-scale education in the traditional subjects, or from not having the background knowledge concerning education for international understanding, or having attitudes and values towards 'strangers' which were negative and hostile. Ambivalence was found in the understanding and appreciation of diversity, not only within the groups but also within the same person. However, there were some who could also see that ethnic and racial diversity in their midst enhanced their own education and ability to live in an increasingly diverse society.

Not all students were able to solve the case studies despite the fact that they were all on the verge of qualifying as professionals to work independently within health care organisations. Many had not experienced trusting relationships with their peers, teachers, or supervisors. Many participants were unwilling to embrace new ideas for new content and approaches, or to make serious efforts to incorporate internationalisation into the curriculum for which they were responsible. One reason for this was often expressed by students and teachers as: 'how?...what?...when?. Where is the time?' Both students' and teachers' answers contained expressions which indicated that most of them would be willing to say 'yes' to internationalisation in their education if they had the necessary 'conviction, leadership, organisation', and didactic strategies for support and guidance, (Isacsson, 1993:189). Study 6 confirmed further the conclusions of the previous studies that internationalisation involves both 'knowing how' and 'knowing that', and that students and teachers lack the prepositional knowledge of how it is to be carried out. Can it be that those teachers and students who did not reply despite reminders not only were short of time, but also had a negative attitude towards what education in internationalisation involves? The results of the analysis of the Study 6 were in agreement with research in internationalisation conducted by Burns, (1979 a&b), Opper, (1979), and Törnvall, (1982) and with experience especially of teaching the subjects included in the humanities e.g. ethics, (Williams, 1992).

Summary of Study 6

In order to compare and confirm the results of Studies 1-5, Study 6 was conducted as a complementary study by questionnaire. The survey was conducted amongst different groups of students and their teachers within the care sector of the Swedish higher education on the subject of education in internationalisation. The aim of Study 6 was to gather data from a large number of participants within a short time. Participation was not compulsory. The respondents provided rich data, which warrants careful analysis and presentation. The preliminary results of the analysis of the open answers confirms the need of the present research to illuminate the support and guidance for resolving the fundamental pedagogical issues to incorporate internationalisation in Swedish undergraduate nursing education as intended by the official documents. Hence Study 6 is an important study to analyse carefully once again, and to present as a separate report.

Contribution made by Study 6

Study 6 made it possible to compare the results of the educational process and the product of incorporating, or of not incorporating, internationalisation in the context of nursing, into the undergraduate curriculum. Study 6 also confirmed that giving priority to internationalisation in the curriculum means that research-based support and guidance to tackle the pedagogical questions *why, what, when, where,* and *how* is available. This is in agreement with Högskoleverket Studies, (1997:8 S). Study 6 thus contributed towards strengthening and refining the ideas for curriculum developmental opportunities and for a specific didactic strategy, which can be based upon categories 'educational needs', 'culture context' and 'TLC'.

Chapter 8

RESULTS OF THE COMBINED ANALYSIS AS SUPPORT AND GUIDANCE FOR INCORPORATING INTERNATIONALISATION INTO THE CURRICULUM

Education for Development (internationalisation) involves more than just organising knowledge around a set of global concepts. It is also a methodology, with learning process, which are distinct from those, which are often used in traditional subject areas of the curriculum... Education for Development is an approach to learning, not a new subject to be squeezed into already overcrowded curriculum. It is an approach that embraces many previously existing educational initiatives..., (Fountain, 1992:4 & 11).

As described in previous Chapters, my research has concerned the pedagogical questions that arise when internationalisation is incorporated into Swedish nursing education in which nursing is the principal subject. Lack of support and guidance in tackling the fundamental pedagogical questions *why, what, when, where* and *how* that arise when incorporating internationalisation into the curriculum in accordance with the intentions of the official orders, caused confusion and practical difficulties. The central questions and the aim (Chapter 2) paved the way for planning the research design to include the complexity of both the research subject (internationalisation) and the research object (Swedish undergraduate nursing education). The background to internationalisation in Swedish undergraduate nursing education (Chapter 6, 6:1-2), and Studies 1-6, highlighted not only the complexity of the research subject and the object, but also the complexity of the research framework, theoretical anchorage and methodical approach. On completion of analyses of all the studies, a combined analysis was carried out to draw conclusions by employing an inductive procedure. The conclusions from each study were reviewed several times to lift out the most essential points of concern for incorporating internationalisation. At this stage essential aspects of specific ***curriculum development opportunities*** were made apparent. By probing further into these points a specific ***8-I didactic strategy*** became revealed. The 8-I didactic strategy made transparent answers to the fundamental questions raised in my research. These questions concerned the ***interpretation and implementation of internationalisation*** into the curriculum of Swedish undergraduate nursing education. Further penetration into the 8-I didactic strategy brought out the implications first for the macro level (an overall pattern of attitude for 'being and doing' at an organisational level), and later for the micro level (specific guidelines for developing a syllabus). The results of the final analysis of the total data from Chapters 6, 6:1-2 and 7:1-6 showed not only agreement with Fountain, (1992), as above, but also with Delors, (1996), de Wit, (1995), Högskoleverket Studies, (1997:8S), and Leininger, (1997).

The results illuminated structuring of pedagogic communication that focuses on the rules and conditions for the production, distribution, acquisition and recontextualisation of knowledge. In a nutshell, the combined analysis clearly delineated the phenomena of teaching and learning embedded in the total data. These phenomena had a firm foundation in a holistic-humanistic philosophy of education which is poetically expressed by Gibran, (1991). It concerns both teachers and students. The poems below clarify self-awareness and the role of a teacher to guide students on the path of life-long learning for co-operation and collaboration over national and cultural boundaries, which was and still is the ultimate aim of incorporating internationalisation into the curriculum for Swedish undergraduate nursing education as envisaged by UNESCO in 1946 and by the IU (*Internationaliserings Utredning*) in Sweden in 1974, (Högskoleverket Studies, 1997:8S). In agreement with Gibran, (1991), the analysis brought to the surface the fact that the educational process of internationalisation involves both 'know how' (tacit knowledge of how to execute it) and 'knowing that' (propositional knowledge about actual sets of procedures involved in execution), (Gardner, 1993:68).

Teaching

Then said a teacher, Speak to us of Teaching.
And he said:
No man can reveal to you aught but that which already lies half-asleep in the dawning of your knowledge.
The teacher who walks in the shadow of the temple, among his followers, gives not of his wisdom but rather of his faith and his lovingness.
If he is indeed wise, he does not bid you enter the house of his wisdom, but rather leads you to the threshold of your own mind.
The astronomer may speak to you of his understanding of space, but he cannot give you his understanding.
The musician may sing to you of the rhythm, which is in all space, but he cannot give you the ear, which arrests the rhythm, nor the voice that echoes it. And he who is versed in the science of numbers can tell of the regions of weight and measure, but he cannot conduct you thither.
For the vision of one man leads not his wings to another man.
And even as each one of you stands alone in Gods knowledge, so must each one of you be alone in his knowledge of God and in his understanding of the earth.
(Gibran, 1991:67-68)

Learning

And the man said, Speak to us of Self-Knowledge. And he answered saying:
Your hearts know in silence the secrets of the days and the nights.
But your ears thirst for the sound of your hearts knowledge.
You would know in words that which you have always known in thoughts.
You would touch with your fingers the naked body of your dreams.
And it is well you should.
The hidden well-spring of your soul must needs rise and run murmuring to the sea;
And the treasure of your infinite depths would be revealed to your eyes.
But let there be no scales to weigh your unknown treasure;
And seek not the depths of your knowledge with staff or sounding line.
For self is a sea boundless and measureless.
Say not 'I have found the truth,' but rather, 'I have found a truth.'
Say not, 'I have found the path of the soul.'
Say rather, 'I have met the soul walking upon the path.'
For the soul walks upon all paths.
The soul walks not upon a line, neither does it grow like a reed.
The soul unfolds itself, like a lotus of countless petals.
(Gibran, 1991:65-66)

The interpretation of internationalisation

There is considerable variance in defining internationalisation in higher education. The analysis pointed that *The comment 'there is no simple, unique or all encompassing definition' may very well summarise the current sentiment and situation in several countries regarding the meaning of internationalisation,* (de Wit, 1995:17). The combined analysis showed that internationalisation in Swedish undergraduate nursing education principally refers to teaching and training intercultural communication for establishing interpersonal relationships. Therefore, in the context of nursing with TLC, the interpretation of internationalisation and intercultural communication is suitable. Moreover, internationalisation is a process, which integrates into all the major functions of an educational organisation. Hence, ironically, the only way to interpret internationalisation is by acknowledging that it is much more complex than we assume at first. It constitutes a field in its own right, and has different levels. It cannot be infused into a syllabus at random. The distinction of the levels and the expansion of the depth of knowledge are often ignored. The increasing demand on professional nurses and midwives for proficiency in foreign languages and computer-based communication (IT), and for concern for the global environment and biology, together with patient, relative, student, and staff mobility, all make internationalisation a fundamental necessity of nursing education. In gathering together the implications of the official documents, it became clear that contemporary Swedish society needs, expects, and demands undergraduate nursing education to prepare student nurses in such a way that they can function within the health care organisations of the future. This means that they will have to be equipped with an ability to co-operate and collaborate in joint efforts across national and cultural boundaries. The data in my research revealed that health strategies are the concern of individuals, groups, societies, nations and the whole world. The reciprocal relationship and influence of health strategies on meeting and enhancing the state of the health of individuals and the socio-political, economical, cultural, ecological, and educational policies of a nation is there to see. The health of an individual is contextually related to the environment - local and global - and depends upon socio-political, economical, ecological and cultural conditions. Basic to Sweden's strategy for the holistic health of an individual in a democratic society that respects fundamental human rights, is her belief in, and commitment to, the definition of health presented by the World Health Organisation, (WHO, 1947), and the strategy of 'Health for All 2000', (Lindberg, 1989). Basic to the Swedish official documents is the conviction of the existence of a world society, expressed in Annex 1 of the constitution of the WHO, in conformity with the Charter of the United Nations, (UN, 1947) and the definition of health issued by the WHO in 1947, (see appendix 3).

The combined analysis highlighted the fact that a nurse or midwife has an opportunity to impart health education to the young, the aged, the healthy, the disabled and the sick. He or she encounters them in different situations, not only as in-patients or out-patients in hospital, at health centres, or in private homes within primary health care, but also in schools, in industry, in prisons, or in the armed services. By so doing he or she can influence the lifestyle, views, attitudes, values, and beliefs of each of the individuals he or she provides care for. Underlying the ideologies of Health for All and of the internationalisation of Swedish undergraduate nursing education, is the firm belief that, through education, it is possible to create the conditions in the world necessary for the promotion of health, peace and harmony. These are necessary as fundamental human rights in every society, (Delors, 1996). In this respect a professional nurse or midwife can make a valuable contribution to promote, preserve, and maintain these conditions if he or she has received education in internationalisation.

The implementation of internationalisation

Internationalisation in nursing education is like a kaleidoscope. Systematic, sustained efforts are necessary to incorporate it into the curriculum. There is conceptual, political and practical disconnection. It is often referred to in a narrow way, and tends to be confined to student and staff mobility at the expense of other important dimensions of education closely connected to it. Rapid mobility does not allow time to learn about 'culture', for instance. Since nursing is the principal subject in the curriculum for Swedish undergraduate nursing education, and since nursing is committed to holistic-humanistic care and caring, incorporating internationalisation into the curriculum for nursing education is facilitated in the context of nursing with TLC. Smooth implementation involves both student nurses and teachers. Highly motivated students and teachers can bring about positive outcomes. Careful planning based on sound educational theories for explicit and implicit activities sets the teacher off on the right path to effective classes. It also boosts the teacher's confidence and morale; two important ingredients for successful teaching, and essential for his or her strength of conviction. Active student participation makes a valuable contribution to the solution of relevant practical problems. It allows the teacher to work with students as a guide. This permits the testing of theories in practice. Students are then not passive recipients of knowledge imparted in traditional manner. For internationalisation, the educational process itself becomes an important consideration which is necessary for life-long learning. (Högskoleverket Studies, 1997:8S)

The analysis illuminated that a major concern for a teacher is the evaluation of quality management (TQM). Evaluation includes measuring student performance, assessing the class itself, and reviewing the effectiveness of the educational activities for internationalisation in the light of the total curriculum. It is the record of a complex situation that must literally be pulled apart and put together again before the implications can become clear. It is the target for the expression of attitudes or ways of thinking brought into classroom. Performance indicators include examinations, projects and formal reports, hand-in assignments, class participation and oral presentations. They force both students and teachers to think of alternative solutions. Internationalisation, thus incorporated, becomes a natural part of the syllabus. It becomes both a means and a goal. Cases, experiences contributed by students, and teachers with sophisticated backgrounds can also provide an opportunity for the students to construct relevant cases based upon their own experiences to arrive at solutions which are connected to reality and which make the students feel comfortable. One can be born into a culture and yet know very little about its many areas. When these areas are illuminated, learning is enhanced and internationalisation becomes more interesting and motivated. ***Enhancement*** is not simply the right to be more personally, more intellectually, more socially, and more professionally. It is the right to have the means of critical understanding and to have new possibilities. This is a precondition for confidence without which it is difficult to act. ***Inclusion*** means to be included socially, intellectually, culturally and personally. However it also means to be able to be separate and autonomous, to be able to act at three different levels - individually, socially and politically. A professional nurse or midwife directly or indirectly influences society at all these levels. Arriving at these outcomes requires effectively trained, committed and motivated teachers with adequate resources, prospects and possibilities to incorporate internationalisation to make a contribution to all the students and not only to those who are trans-nationally mobile.

The content and approach of the implementation of internationalisation

The combined analysis brought to the surface the specific content and approach for incorporating internationalisation for the empowerment of students in learning to be, learning to know, learning to do and learning to live in harmony, co-operation and collaboration with others. A caring curriculum is fundamental for learning to nurse with TLC. Incorporating internationalisation in the context of nursing into a caring curriculum facilitates the educational process. A nurse who has never received or experienced TLC cannot nurse with

TLC. Furthermore, analysis showed that student nurses must be able to trust the planning of the curriculum, and to rely upon the content and the teaching methods when internationalisation is incorporated. There is reason to believe that the sensitive management of perceptions can reduce some resistance to changes in the curriculum. On the other hand, ill-considered and ill-founded statements because of lack of support and guidance made in connection with internationalisation can cause more damage and lead to negative attitudes towards internationalisation in education. A well-planned strategy for internationalisation can be both a goal as well as a tool because *as a means education [internationalisation] is an essential asset to any...individual that is aspiring to development. That is, education [in internationalisation] is an important asset that raises people's...level of awareness of their environment, and equips them with the necessary skills and ideology for contending with the problem they encounter.* (Ishumi in Amukugo, 1993:11). Ishumi thus also expresses the essence of education in internationalisation for student nurses. It gives them the professional competence to meet the challenges of the twenty-first century with confidence and wisdom.

The role of teachers and students

The combined analysis identified and isolated three groups of teachers when it came to incorporating internationalisation into the curriculum. Firstly, there are those who are not interested at all, and will not make any changes in the curriculum. Secondly, there are those who are interested and willing to incorporate internationalisation but lack the experience, support and guidance for doing this. Finally, there are those who are already incorporating it, but would like support and guidance, partly to boost their own confidence and partly to improve the efforts they are already making. Teaching pitfalls centre on not being able to make it meaningful and contextually relevant. Lack of support and guidance makes it a challenge to perform well. Internationalisation in education enables the students to prepare for real working life. The students acquire the intercultural communicative competence that is increasingly becoming a basic necessity for all professional health care. The teacher who incorporates internationalisation is the manager of an educational process. To manage this process well in a traditional educational environment is no easy task. The process is complex. Many factors need to be taken into consideration. The astounding aspect is the number of variations on the main theme that can exist when teaching with an internationalisation dimension. This requires being able to identify difficulties so that ways can be found to overcome them. Incorporating internationalisation is more fruitful if incorporation is from choice rather than coercion. A genuine concern for what happens in the classroom on a day-to-day basis, and a concern for the students and their learning process is the foundation of the joy of teaching. In this connection, the student perspective is important.

The role of student perspective

The analysis stressed that awareness of the student's perspective is essential for curricular development to incorporate internationalisation. The students consider the acquisition of theoretical knowledge about different fields of study as self-evident. Instead, if given the chance, they lay specific emphasis upon the capacity to think logically and critically to solve problems, to conduct arguments, to seek further knowledge, to organise their time and work, to write and document, and to acquire self-awareness for raised self-esteem; to become aware of the prevailing, important issues in society of concern to their private or professional lives; to develop an interest in and commitment to the profession; and to work in groups for co-operation and collaboration. The results also showed that the students have a need for care and counselling for support and guidance in their studies, and sometimes even at home. They need and appreciate friendly relations with peers, teachers and supervisors for co-operation and collaboration in their studies. Furthermore, they demand relevant content and suitable approaches, and expect a high-quality education that is based on the realities of the social context to enable them to secure a job after completion of their studies. These findings are in agreement with the educational research of Böök & Ekströmer, (1990); Eklundh & Mårtenson, (1985); Delors, (1996); and de Wit, (1995). The analysis further emphasised that life-long learning in internationalisation requires of each student a positive attitude towards this education, a strong motivation to learn, and a willingness to participate actively in all the activities of the curriculum. Becoming aware of the goals and the content of the curriculum, and the overall cultural framework that encompasses internationalisation, is also necessary. Even though external influences are strong, the student's own motivation, critical view and awareness determine his or her action and performance.

The task of undergraduate nursing education and the teaching policy

In agreement with Delors, (1996), de Wit, (1995), Högskoleverket Studies, (1997:8S) and Leininger, (1997), the combined analysis showed that the fundamental purpose of teaching internationalisation in Swedish undergraduate nursing education is to enable student nurses to develop a mind that is open to the problems of their age. This is dependent upon making the right kind of knowledge available, encouraging them to form critical and moral judgements, and enabling them to participate in such changes as they believe appropriate to their own skills and interests. It involves their own development as individuals, as well as that of society as a whole, through holistic health education to influence the lifestyle of every individual. The analysis of the data repeatedly brought forward the fact that it is in the confrontation between teacher, student, and subject matter that the artistry of teaching comes into play. In a rapidly changing world, where all nations are increasingly becoming interdependent, internationalisation in all spheres of society is not only necessary but also unavoidable. Undergraduate nursing education can make a substantial contribution by disseminating knowledge and preparing the future citizens of the world in their roles and responsibilities to participate actively to resolve global issues across cultural and national boundaries. The survival of the human race and the planet Earth concerns us all. Therefore education for international understanding is not Utopia, but an obligation on us all to strive after within every educational system of every nation in the world. Internationalisation further implies that one seeks to obtain and utilise ideas and experiences from different parts of the world in order to promote development in one's own country. Internationalised education carries with it the increased usefulness of the individual who has received such an education. Further, teaching policy must bear the hallmark of unyielding determination. The student nurses must be able to trust the planning of the teaching, both content and method. Ill-considered and ill-founded statements can cause great damage to trusting relationships between the teacher and the students.

Since internationalisation can neither be defined so that the definition covers all that it is meant to cover, nor can it be delineated so that it can be managed within specific boundaries, it is necessary to incorporate the topic throughout the entire curriculum. The fact that internationalisation cannot be confined to a few selected concepts or areas is often viewed as a hindrance to incorporating it into the curriculum. However, the combined analysis showed that internationalisation can become a tool to provide challenges and unlimited opportunities for curriculum development in connection with specific educational aspects. Each study made it possible to observe, identify, isolate and describe specific dimensions of the educational process and their outcomes.

The learning outcomes

The synthesis of the results of the analysis of different data made transparent specific learning outcomes within each student in accordance to the intentions of the official orders. These are increased cognitive, affective and effective changes as described in Study 5. Each student acquires ***intercultural communicative competence.*** He/she specifically gains the following:

- Increased awareness for the role and responsibilities of every professional nurse/midwife for resolving different issues in daily life locally, nationally and internationally.
- Increased willingness to participate actively, locally, nationally and internationally for further development of nursing and nursing education in collaboration with colleagues.
- Increased awareness for impact of culture in daily life and for the necessity of transcultural nursing.
- Increased capacity to establish trusting interpersonal relationships through successful intercultural communication
- Increased ability to critically analyse, appraise, explore, evaluate, discuss, debate and develop further the knowledge about historical, sociological, political, economical, ecological, ideological and cultural factors which affect the health of an individual and thereby also health care organisation and education. Thus be able to effectively influence ethically based decisions that affect health related global issues for survival and humanitarian reasons as intended by IU, (UKÄ, 1974:21).
- Enhanced process of professional identity development within the students. This process involves students moulding their sense of self to fit the profession while simultaneously creating an image of the profession compatible with their self-image. This process is heavily influenced by students'social context e.g. the community, family, peer group.

These learning outcomes are essential within all students. The combined analysis also illuminated that this may not happen if there is emphasis *only* on 'mobility'. This carries the risk of becoming ***transnational*** rather than ***cosmopolitan***, which is the aim of internationalisation. Transnational individual is only physically and geographically mobile. He/she may live and work in different places but thinks, feels and behaves exactly as if he/she were at home in his/her own environment and culture. Synergy does not take place within a transnational person. He/she resists penetration of 'other cultures' within him/her. The highly sophisticated technologies for IT communication contribute to this. Where as cosmopolitan individual has learnt to assimilate and adjust into different environments and cultures. He/she has a broader worldview because of ability to permit the process of synergy within him/her. Thus he/she both retains his/her own culture and internalises other cultures. He/she is better able to adapt to different environments. Adaptation involves change. Successful adaptation is a positive symbol rather than a sign of instability. It increases his/her ability to communicate interculturally for successful joint efforts across all boundaries. When mobility is carefully planned in education to transcend cultural and national boundaries it encourages and enhances, amongst students and teachers, a multicultural cosmopolitan life style:

He is a proper man's picture,...I think he bought his doublet in Italy, his round hose in France, his bonnet in Germany and his behaviour everywhere. (Shakespeare, 1973:226).

The synthesis of the combined analysis finally brought to surface curriculum development opportunities and "8-I" didactic strategy, which are described in chapters 8:1 and 8:2.

Chapter 8:1

CURRICULUM DEVELOPMENT OPPORTUNITIES

In the current context, the internationalisation of universities extends over a much broader range of activities and includes.... Efforts to revise curricula to make them better adapted to the changing international setting, (de Wit, 1995:2).

The results of the combined analysis, when probed from a pedagogical perspective, illustrated the curriculum development opportunities for Swedish undergraduate nursing education to facilitate the incorporation of internationalisation in the context of nursing with TLC as foreseen by the official orders. The curriculum development opportunities that came to light are based upon a body of knowledge that is derived from the total data. This body of knowledge has its own patterns, forms and structure. Understanding these patterns is essential for the teaching and learning of nursing from a global perspective to incorporate internationalisation throughout the curriculum. Since nursing is the principal subject in nursing education, the combined analysis emphasised that *The body of knowledge, which is unique for nursing, has patterns, forms and structure... Understanding these patterns is essential for the teaching and learning of nursing. Such an understanding does not extend the range of knowledge, but rather involves critical attention to the question of what it means to know and what kinds of knowledge are held to be of most value in the discipline of nursing,* (Carper, 1978:13).

Bearing in mind the statements by de Wit and Carper, tackling the fundamental pedagogic questions 'why, what, when, where and how' for incorporating internationalisation into Swedish undergraduate nursing education, critical attention was paid to the following questions:

- ***What is the meaning of education for international understanding in Swedish undergraduate nursing education?***
- ***What kinds of knowledge can be of most value in nursing education concerning internationalisation so that student nurses can be prepared to cope competently, with and adapt to, the changing international setting?***

How can the student nurses become aware and participate actively in private and professional daily life to resolve global issues for survival and humanitarian reasons in a continually changing world?

From the analysis, the ***curriculum development opportunities*** identified as particularly important brought to light the following aspects as being important for incorporating internationalisation into the curriculum.

Complexity and focus

Education in internationalisation in the context of nursing is complex because it involves many components in an intricate manner due to the complicated nature of the phenomenon. Each component can exist both as a separate entity and as intricately entwined with the other components within educational settings. As a result, each component is sensitive to the other components giving rise to a two-way influence. Each component both influences and is influenced by the other components depending upon the specific aspect that is in focus at the time, thus making the phenomenon act as a complex kaleidoscope, with the possibility of innumerable and exciting combinations to suit different settings in the given context, which thus focuses on internationalisation.

Educational process and the level of knowledge

Swedish undergraduate nursing education is dynamic. It is in a state of continuous motion from a lower, orientation level to a higher, professional level. This involves depth of knowledge and skills at different levels. For this purpose, the complex nature of internationalisation is particularly suitable for adaptation to the whole process, from introduction up to the professional level. Equally, incorporating internationalisation into the curriculum provides guidance and support to plan the curriculum so that the students have sufficient time to gradually rise to a higher level of knowledge and proficiency. Such an educational process utilises three phases, which are in agreement with Fountain, (1992), and UNICEF, (1993). The three phases are:

- ***exploration*** (a sense of curiosity that is recognised and satisfied)
- ***response*** (being able to apply what one learns to one's own experiences and environment)
- ***taking action*** (the process of deciding what practical and realistic action one can take personally)

Context

Nursing is the context that provides the fundamental background against which the phenomenon of internationalisation in Swedish undergraduate nursing education can be viewed, in order to disclose the meaning the phenomenon has for the principles and practice of nursing in different settings. This context provides the connection to reality needed to realise the visionary ideology and philosophy of internationalisation. It indicates that a part is understood in the light of its whole, and that the whole is understood in the light of its parts. Incorporating internationalisation in the context of nursing can make it meaningful and relevant to both nursing teachers and students. Thus it can facilitate the development of a global perspective on every subject associated with nursing with TLC. This may also mean dealing with the existential questions arising from this. At the same time, the context can provide guidance to map out the areas effectively that can or cannot be covered in undergraduate nursing education.

The central objectives

The combined analysis verified the three central objectives for education in internationalisation (Chapter 6:1). They are re-articulated as follows:

- ***to provide*** knowledge of health-related global, cultural, and international issues, and the skills to combat them;
- ***to promote*** positive attitudes and values towards 'strangers', and to show respect for different cultures, religions, languages and life styles;
- ***to enhance*** personality growth for high self-esteem as necessary for joint efforts for co-operation and collaboration over national and cultural boundaries; and
- ***to foster*** understanding and appreciation of the application of information technology (IT) to create a 'frontierless fellowship'.

The incorporation of internationalisation to fulfil these objectives can also act as a tool to fulfil the general goals of higher education.

Mobility and international contacts

The combined analysis showed agreement with de Wit, (1995:2): It *is tempting, and for many purposes sufficient, to equate international education with student mobility in international exchange programmes, but it is essential to develop methodologies for monitoring and analysing the mobility of ideas and programmes as well as the mobility of people.* The analysis of Studies 2, 4 and 6 is also in congruence with Delors, (1996), while UNICEF, (1993), showed that internationalisation requires multi-dimensional knowledge, which is more than and different from the following:

- superficial knowledge about immigrants often based on the wrong facts;
- short study visits abroad more for fun than for learning about other cultures;
- descriptions of only the misery in underdeveloped countries;
- occasional lectures by a missionary or someone from a help organisation, again more as entertainment rather than for personal development;
- the Red Cross, SIDA, or the UN recruiting staff to work abroad for propaganda purposes rather than for imparting unbiased knowledge; and
- only seeing that which is terrible in the underdeveloped countries against all that is worth striving for in industrial countries.

Incorporating internationalisation can provide innumerable and challenging opportunities for cultivating positive attitudes towards immigrants and 'strangers' in teachers and students by developing the exchange of ideas for theory, practice, research, and organisation through correspondence with counterparts, and through visits abroad.

Concept of culture

The combined analysis of the total data showed that 'culture' is a concept central to education in internationalisation. Activities to view 'culture' through both anthropological and aesthetic perspectives, ensures and enhances deep, life-long learning in connection with international understanding, which raises the quality of education and nursing. Awareness of global issues also leads to the emancipation of each student from the barriers of traditional thinking. Here lies the duality in the opportunity for enculturation of the foreign teachers and students. *For ethnic minority pupils their ability to perform successfully within the culture of the school, in part depends on their understanding of the host culture, particularly in relation to their own culture*, (Spindler & Spindler, 1987:211). The students become aware of their role and responsibility in actively participating to bring about changes in society which ultimately have an impact on survival of the human race, the planet Earth and the global environment.

Choosing the content and the approach

Awareness of global, cultural, and international issues from education in internationalisation can contribute to the emancipation of the individual student nurse and of the nursing profession as a whole by providing meaningful life-long learning that can benefit the student nurses' private and professional life. By planning and organising the curriculum as an adult educational process in different phases at different levels in order to incorporate internationalisation, the teacher may find opportunities for creativity, flexibility, and observability. Employing the three educational categories discovered in the process of the present research can provide unity where there is diversity of content and approach. The categories are interconnected. Category I, 'educational needs' is connected to Category II, 'cultural context', through Category III, 'TLC'', as an interlocking chain. TLC is central to an educational process brought about by educational needs and cultural context. Therefore Category III is in the middle as shown in Figure 8.1. below:

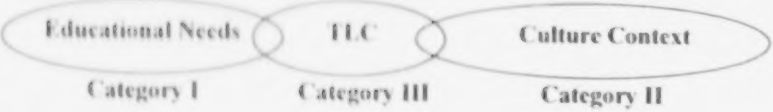


Figure 8.1. The three categories as an interlocking chain. (Adatia-Sandström, 1997 ©.)

The combined analysis showed that by planning a curriculum with a content and teaching approach where the three categories educational needs, cultural context and TLC are incorporated in the curriculum, the adult educational process may be enhanced. These results are in agreement with Delors, (1996). Such an approach has the potential to enhance the preparation of student nurses to carry out the tasks of a qualified nurse in an improved manner, viz. nursing, leadership, education and supervision, health promotion, and research and development, (SOSFS 1995:5).

Category I: educational needs

Education needs can provide an opportunity to both the teachers and the students for the following important aspects:

- ***Orientation and acceptance*** of unconventional teaching methods as legitimate.
- ***Motivation*** to acquire research-based knowledge about internationalisation in the context of nursing.
- ***Stimulus*** to learn skills for intercultural communication to be able to establish trusting relationships in private and professional daily life.
- ***Changes in attitudes and values*** to enhance the learning of new subjects. The positive attitude thus obtained can lead to better understanding and better insight regarding issues connected with 'culture' in the context of nursing. As a result, positive attitudes and values may then develop towards 'strangers'.
- ***Personality development*** to enhance an ability to think, feel, reflect and make decisions after careful ethical judgement. This may in turn enhance empathy for suitable nursing interventions in different situations as expected of a mature professional nurse or midwife.
- ***Ability to solve problems*** creatively in private and professional life.
- ***Awareness*** of impact of 'culture' and of one's own role and responsibility to resolve global issues for survival and humanitarian reasons.

- ***High self-esteem*** through self-awareness, self-confidence and self-security necessary to manage intercultural communication in different situations.

Category II: culture context

Cultural context can provide opportunities for an approach that turns 'culture blind' teachers and students into 'culture conscious' people, who then have an opportunity to continue their progress towards becoming 'culture seekers'. Their self-awareness, self-confidence and self-security may increase as they discover themselves as bearers first of their own culture, and then of nursing culture. They may then be able to continue to improve the quality of nursing education and care through successful intercultural communication in co-operation and collaboration across national and cultural boundaries.

Category III: TLC

TLC can provide a caring and healthy learning environment to enhance learning about TLC in nursing as 'learning by doing', (Chapter 4). It can create a harmonious atmosphere, a humanistic content and a humane approach to teaching methods, time for various activities, and forms of assessments, examinations and feedback. It can permit a 'give and take' attitude, and willingness amongst the teachers as well as the students. Respect for each other may thus be enhanced, and trusting interpersonal relationships can be established through open, two-way, intercultural communication. Anxiety, misunderstanding and unnecessary conflicts can thus be avoided or resolved successfully when and if they occur. The students can learn about stress and adaptation to different situations so that a harmonious private life may also continue. High self-esteem may then be fostered which is necessary for a professional nurse or midwife to be able to function competently in multiple areas - in nursing, leadership, education and supervision, health promotion, and research and development, (SOSFS 1995:5).

Empowerment

Empowerment within the context of my research is defined as the interpersonal process of providing the proper tools, resources and environment (both intellectual and emotional) to build, develop and increase the ability and effectiveness of others to set and reach goals for individual and social ends. It can generate a synergy where the total effect of learned behaviour is more than the sum of its parts and where peer and experiential learning in groups makes a large contribution. The students, as a result of empowerment through education in internationalisation, may thus acquire high self-esteem and become aware of the awakening of all their five senses for deep contextual learning. This in turn may be stimulated through a positive response and constructive critique from teachers, supervisors, and peers. In such learning, the process of assimilation may occur which is followed by a process of accommodation as a result of reflective thinking. An 'aha' experience may then follow when the student has internalised the learned 'stuff'. He or she may now have an ability which can be applied professionally when the need arises as a result of development within the student both of his or her IQ (intelligence), (Gardner, 1993), and EQ (emotional intelligence), (Goleman, 1996).

The empowerment approach bears resemblance to the 'S-E Model' (self-esteem model), suggested by Tones et al. (1990), for fostering high self-esteem in the students for successful outcomes of education in internationalisation to influence not only his or her short-term educational results but long-term world view and entire lifestyle too. Based upon ethical considerations, it aims at fostering a capacity in the student for making an informed choice. This is achieved through mutual respect for one another as human beings. It requires valuing privacy, dignity, and the worth of the individual student, and using skills, which are consistent with these values. The change in the worldview is thus brought about through support and guidance that enhances positive worldviews and actions as informed choice. The S-E model facilitates learning (individually and in groups) through understanding, value clarification, practice in decision making, and by encouraging the individual to take command of his or her life through awareness, and thus raising the self-esteem of the individual. This contributes toward personality development. *It incorporates a fundamental tenet that in a democratic society, social change can occur only by empowering individuals or groups of individuals to modify their environment...The nature of success depends on the values and philosophies inherent in the model which guides practice*, (Tones et al.1990:12-13). This approach contributes to the fostering of democratic citizens. It makes the students 'well-educated and cultured', which in turn makes a contribution to developing their personalities. It necessitates a clear view of mankind, of ethics, of knowledge, of society, and of education for the input and output of knowledge. This in turn fosters respect for other human beings, irrespective of their class, colour, creed, sex or age through maturity and wisdom giving them an understanding and appreciation of obedience, honesty, socialisation, discipline, education and culture and different situations. Moral development implies that the student can think and act freely with consideration for others. Long-term effects of such an educational process can be that good morals creates good society to promote peace and harmony in the world, (Kant, 1960).

Prerequisites and resources for educational change

The combined analysis especially showed that incorporating internationalisation into the curriculum might sometimes require reallocation of available resources, whether human, economic or material. This may in fact provide an opportunity to reconsider the order of priority given to the allocation of these resources so that internationalisation does not become marginal. It has a potential to enlighten the organiser of the curriculum to the fact that foreign staff and students can make a valuable contribution; a fact to be recognised and taken into consideration when mobilising and effectively using the available resources when planning the curriculum. This human capital can thus be invested more profitably to raise the total quality management (TQM) of education. The results can far outweigh the efforts made by all the actors involved. The analysis also showed that the expenditure of material resources to illuminate specific aspects of internationalisation is minimal in relation to the long-term results achieved. Yet unless the teachers are able to state their need clearly for specific resources, and unless the organisation responsible for allocation of resources understands and appreciates the need for education in internationalisation, requests for these resources are not given priority. Further it showed that creativity is a prerequisite for new ideas for quality assurance in caring and in education. 'A sound mind in a sound body' holds true for both teachers and students, and promotes a healthy outlook within them.

In agreement with de Wit, (1995), and Högskoleverket Studies, (1997:8S), the analysis illustrated that any efforts to change the curriculum must be based on sound intellectual grounds. Internationalisation as a distinct activity in nursing education is complex. It is therefore demanding for the teacher, as well as for the organisation responsible for nursing educational programme. It requires a conscientiously planned curriculum that rests upon the interplay between teachers, students and the educational organisation. The teachers and the students are the principle actors. To enhance education in internationalisation both a 'top down' and a 'bottom up' persuasion strategy is necessary. The teachers responsible for education in internationalisation need:

- Knowledge and skills in intercultural communication, total commitment, the courage of their convictions to bring about innovational changes, and a love of teaching nursing, and of human beings in order to teach about resolving global, cultural, and international issues through reconciliation instead of revenge.
- Harmonious working environments, support and guidance from the leaders of their own educational organisation, and the active interest, help, and guidance of their colleagues.
- A well-organised infrastructure within the educational organisation that can provide sufficient resources, both human and material.
- Allocation of sufficient time for the activities involved. Time and space play an important role. Lack of time results in relying upon traditional teaching methods and thus depriving both the teachers and the students of an opportunity, and of the joy of seeking new knowledge and skills in a creative manner.
- Networks for group and cross-group work to enhance team spirit for co-operation and collaboration

Time

During nursing education, time is also essential for living, to enjoy life and to have fun in order to promote, preserve, maintain, and restore health of teachers and students. It enables them to think, reflect, accommodate, assimilate and internalise new knowledge. They can then interpret and implement it in practice in private and professional daily life. This can enhance their performance both at work and at home.

> *We do not know very much about the future*
> *Except that from generation to generation*
> *The same things happen again and again.*
> *Men learn little from others experience.*
> *But in life of one man, never*
> *The same time returns. Sever*
> *The cord, shed the scale. Only*
> *The fool, fixed in his folly, may think*
> *He can turn the wheel on which he turns.*
> (Elliot, 1967:19)

The combined analysis indicated several important points for the teaching of internationalisation as described in Chapters 8 and 8:1. In particular, it showed that the time allocated for the completion of Swedish undergraduate nursing education, like all educational programmes in general is limited. Within the precisely allocated time, a firm foundation has to be laid to prepare each future professional nurse who must shoulder many responsibilities and carry out many tasks, always in co-operation and collaboration with patients, clients, staff, students, and other authorities in society. Each of these individuals and organisations has his or her unique cultural background. Any joint efforts to enhance nursing interventions necessitate co-operation and collaboration through successful intercultural communication, for the conduct of which the professional nurse is responsible. This means that for every professional nurse, intercultural communicative competence is a basic necessity. The professional nurse is also a responsible member of local and international society. While providing services to society, locally, nationally and internationally, he or she has both a responsibility and an opportunity to play an important role by participating actively, in private and professional life, to resolve global issues for survival and humanitarian reasons. Thus Swedish undergraduate nursing education has a unique opportunity to incorporate internationalisation because it is self-evident rather than because it has to.

Finally the analysis illuminated the fact that for incorporating internationalisation into the curriculum *The means may be likened to a seed, the end to a tree; and there is just the same inviolable connection between the means and the end as there is between the seed and the tree*, (Mahatma Gandhi in Homer, 1951:88). Internationalisation can be both a tool as well as a goal in a fruitful educational process for future professional nurses and midwives. Through carefully planned mobility amongst the students and the tecahers it opens up avenues for investing human capital locally, nationally and internationally. Their broadened worldviews and cosmopolitan life-styles are a dividend, which can have global impact for survival and humanitarian actions. However the analysis also showed that incorporating internationalisation into the curriculum is undoubtedly a complex and a difficult task. Nevertheless, it is an important task. It permits restructuring and reforming of educational approaches, planning and organising to adjust to the 'new times' as we enter the twenty-first century. Worldwide interdependence and globalisation are major forces in contemporary private and professional life. They require that overall consideration that extends well beyond the fields of traditional education. In confronting the many challenges that the future holds in store, internationalisation in education is an indispensable asset in our attempts to attain the ideals of peace, freedom and social justice. Through a caring curriculum as an outcome of incorporating internationalisation into nursing education, it also permits an expression of affection for student nurses whom we need to welcome warmly into the nursing community as inheritors of the nursing profession. A specific didactic strategy is therefore necessary. The "8-I" didactic strategy, which finally emerged as the manifestation of the entire research, is described in the next chapter.

Chapter 8:2

THE " 8-I" DIDACTIC STRATEGY ©, FOR INCORPORATING INTERNATIONALISATION

In the very last stage of the final analysis of total data from Chapters 6, 6:1-2 and 7:1-6, a specific didactic strategy to incorporate internationalisation into Swedish undergraduate nursing education was arrived at. I have called it the "8-I" (the letter 'I' in alphabet) didactic strategy for support and guidance to incorporate internationalisation into the curriculum. The ***8-I didactic strategy©***, refers to the art of planning the teaching and learning activities in advance. It means skilfully planning each activity to gain the desired educational outcome in connection with internationalisation in the context of nursing with TLC. The specific characteristics of my 8-I didactic strategy and its different components seen from a pedagogical perspective are described below first at a macro level for an overall attitude and conviction which is necessary both as a 'top-down' and 'bottom-up' teaching policy for planning and organising the curriculum. The micro level, which is described later, illuminates the incorporation of the 8-I didactic strategy into the syllabus of undergraduate nursing education.

The "8-I" didactic strategy © at macro level

The characteristics of the " 8-I" didactic strategy

Analysis particularly of Studies 3, 4 and 5 formed the basis for the 8-I didactic strategy. The didactic strategy can be readily adopted because it is relatively simple and can be assimilated into the existing practices and norms of the curriculum. The analysis showed that amongst students and teachers, the rate of adoption might follow the typical 'S' curve of the communication of innovations theory, (Chapter 4). The innovators and the early enthusiasts are found at the base, the early majority (those who soon catch on to new ideas), are in the middle and then the late majority (those who need time to adopt new ideas), are at the top end of the 'S' curve, (Tones et al, 1990:62). The *8-I didactic strategy* possesses specific characteristics. These are:

- **connection to reality** (it is based upon research and personal experiences)
- **compatibility** (with the explicit goals and the implicit intentions of the official documents)
- **complexity** (incorporating a complex topic into a complex curriculum)
- **versatility** (by promoting flexibility, creativity and revision after feedback)
- **observability** (in theory as well as in practice)
- **relative advantage** (judged by the students achievements for TQM)
- **ethical considerations** for nursing education

The *8-I didactic strategy* has the potential to be able to take into consideration, and thus meet, the needs of the nursing community and society locally, nationally and internationally.

The underlying philosophy and ethical considerations of the "8-I" didactic strategy ©

Analysis of data especially emphasised the creativity, flexibility and tolerance of diversity that are central to ethical considerations in the 8-I didactic strategy. When planning and organising educational activities, the ethical issue that becomes apparent is the extent to which the activities employ the students' time, efforts, and economical resources. It is morally unjustified to plan activities that waste students' time, efforts and money. Therefore, within the 8-I didactic strategy, planning and organising as many activities as possible in partnership with the students is the prerequisite to avoiding wasting students' resources through ineffective activities.

The fundamentals and the basic principles of the "8-I" didactic strategy ©

Based upon the present research, the theory fundamental to the *8-I didactic strategy* is that of the pragmatic educational process. This means that it is holistic, contextual, ethical and aesthetic. The teacher's attention is directed towards democracy, equality and justice in teaching situations in a loving and caring learning environment. The teachers enjoy being involved in their tasks, (Dewey, 1916). Further, it follows the four principles of education in intercultural communication described by Lundberg, (1991:211). They involve both teaching and learning, and therefore concern both teachers and students. The four principles are:

- **Theoretical knowledge** about cultural assumptions, cognitive perceptual factors and verbal as well as non-verbal aspects of intercultural communication.
- **Training in proficiency** skills to acquire an ability to listen and see, to recognise cultural expressions in daily life situations, and to interpret communications patterns in one's own and other cultures.
- **A self-reflective perception**, which means an ability to perceive one's own behaviour objectively for self-analysis to enhance high self-esteem.
- **To develop and build upon one's own affective experiences** to learn the skills to communicate interculturally.

The concepts within the " 8-I " didactic strategy ©

The analysis showed that eight concepts saturated the total data. The *8-I didactic strategy* is thus based upon these eight concepts which all begin with an 'I'. They are as follows:
Insight (1) and Interpretation (2), which involves understanding the concept and the underlying background to internationalisation (why?), leads to the Inspiration (3) and Intention (4), necessary to become interested, motivated and willing to use Intuition (5), when considering content which is contextually relevant (what?), and Implementation (6), which involves planning and organising the curriculum (where? when?). Incorporation (7) means conducting the educational process; the specific activities, assessment, evaluation and feedback to the students for further knowledge, development and growth, (how?). Implication (8) here refers to the nursing process; specific activities, assessment, evaluation and feedback to staff and patients for further knowledge, development and growth.Thus the *8-I didactic strategy* is made up of a 4-I strategy for the teacher and a 4-I strategy for the students, where Imagination is the foundation of both. Therefore imagination accompanies every other stage.

The 4-I strategy for the teacher ©

• *Interpretation*	that involves understanding the underlying backgrounds.
• *Inspiration*	which is necessary to become interested, motivated and willing.
• *Implementation*	which involves planning and organising the curriculum.
• *Incorporation*	which means conducting the educational process specific activities, assessment evaluation and feedback to the students for further knowledge and growth.

The 4-I strategy for the students ©

• *Insight*	which involves understanding the concept.
• *Intention*	which involves motivation and a willingness to learn.
• *Intuition*	which involves relying upon one's own past experiences and personal knowledge.
• *Implication*	which means applying in practice the knowledge and the skills acquired.

The 4C changes in connection with 8-I didactic strategy ©

The teaching-learning strategy outlined above used for internationalisation is student-centred. Through a caring curriculum, it strives to impart to the students the underlying ideology and philosophy of education for internationalisation. The analysis of data from Studies 4, 5 and 6 showed that it requires time to ensure and enhance cognitive, affective and effective learning for co-operation and collaboration with peers, teachers, and supervisors. These changes are in agreement with the three phases of education in internationalisation identified by Fountain, (1992) as being exploration, response and taking action, (see Chapter 8:1). During the learning process the following 4C psychological and emotional changes may take place:

• *Curiosity*	which arises from an initial awareness of internationalisation
• *Confrontation*	which takes place especially regarding the value of knowledge and skills concerning internationalisation if it entails taking time and effort from learning about traditional subjects.
• *Confusion*	which arises when confronted with existential issues.
• *Confidence*	which develops after an 'aha' experience, as a result of emancipation through awareness.

The four cornerstones of the "8-I" didactic strategy ©

The 8-I didactic strategy rests on four cornerstones, which provide the foundation support and guidance. These are 'teaching', 'learning', 'culture', and 'nursing'. Each letter of these four words represents a specific aspect of the didactic process involved. These aspects dominate the combined analysis of the total data.

T = TLC, tolerance for diversity, transforming theory into practice, think.
E = enthusiasm, encouragement, empathy, ethics, empirical.
A = arts in nursing and nursing education, activate own resources, amiable approach.
C = caring curriculum, co-operation, collaboration, conflict, commitment.
H = health, humanism, holism, humility, humbleness, high self-esteem, harmony.
I = impart, intervention, ingenuity.
N = naive, naming.
G = group work, group dynamic, group process.

L = language, love, life style, life-long learning.
E = education, enthusiasm, empathy, enculturation.
A = attitudes, assimilation, accommodation, acquisition.
R = ramification, repetition, recognition, reflection.
N = (K)nowledge, norms, non-verbal.
I = immense, immune, impending, impact, imagination.
N = nocturnal, night and day, numb.
G = games, globalisation.

C = communication, creativity, curiosity, confidence, competency, compatibility.
U = understanding, unavoidable, union.
L = love, longing.
T = temptation, tolerant, team work.
U = unknown or strange, unity in diversity.
R = rhapsody, rhythm, regularity, romance.
E = environment, empathy, (a)esthetic.

N = novice to expert.
U = universal, understanding.
R = respect, remember, reconstruct, reveal.
S = sensitivity, sensing, sharing and caring, self-awareness, self-esteem.
I = integrity, inspiration, intuition, internalisation, internationalisation, intercultural.
N = nurturing, nature, normal.
G = growth, good, giving, goodwill.

The types of knowledge, teaching and learning in the "8-I" didactic strategy ©

The combined analysis emphasised that the *8-I didactic strategy* may employ scientific, personal, ethical, and aesthetic knowledge to reach the goals of education in internationalisation in Swedish undergraduate nursing education. Three types of teaching may be indicated here. These are *teaching that* (the content); teaching *to* (the undergraduate student nurses); and *teaching how* (the teaching approach). This in turn builds upon four types of learning: *learning to be, learning to know, learning to do* and *learning to live together* with tolerance and in harmony across national and cultural boundaries.

The essence of the "8-I" didactic strategy TLC and UNIL©

The analysis showed that TLC is the essence of the *8-I didactic strategy*. It makes the strategy be student-centred in a caring curriculum. It can, in different situations, explicitly or implicitly convey to each student from the teacher, supervisor, and peers that he or she is 'unique', 'needed', 'important' and 'loved' (**UNIL**) ©, as described below.

U	=	unique	=	You are unique.
N	=	needed	=	You are needed.
I	=	important	=	You are important.
L	=	loved	=	You are loved.

The analysis showed that, as a result of UNIL, students who work in harmony with their teachers, peers and supervisors nourish their desire to seek and create knowledge for themselves. The knowledge thus gained influences and enhances changes in attitudes, values and behaviour in them. The changes which take place have impact on their private and professional life for 'being and doing'. This change is necessary in order for them to become aware of their role and responsibility in participating actively to bring about changes in society to resolve global, cultural, international issues. They become aware that through providing a service to society locally, nationally and internationally to promote, preserve, maintain, and restore the health of each individual in society, they can make a valuable contribution to promote peace and harmony, to prevent wars and conflicts, and for the survival of the human race and the planet Earth, (Delors, 1996).

The adult educational process within the "8-I" didactic strategy ©

The analysis particularly of Studies 3, 4 and 5 showed that *8-I didactic strategy* here in connection with internationalisation encompasses the typical adult educational process, which is in agreement with Knowles, (1980 & 1985), and Delors, (1996). It may thus contribute towards the general intellectual growth of the students. Each student can attain the following benefits within themselves as a result of education in internationalisation:

- **Self-esteem** rises because authoritarianism declines as autonomy grows, and the capacity for relatedness becomes enlarged as a result of increased socio-cultural knowledge

- **Greater awareness** of and commitment to socio-political, economical and cultural issues is shown, bringing about changes within the profession and society locally, nationally and internationally

- **The conscience** is humanised as a result of increased humbleness, humility, and concern for making decisions which are more firmly based upon sound ethical judgement. Impulses are expressed more freely. At the same time, more respect is shown for the feelings of others. Any critique given is constructive.

- **Aesthetic capacity** grows. The impact of the arts, material culture and architecture in daily life are better understood and more appreciated.

- **Capacity for a broader grasp** of theoretical issues is acquired

The changes that take place within each student collectively contribute towards his or her increased self-awareness, self-confidence and self-security, which lead to high self-esteem within them. High self-esteem enhances the ability to establish trusting relationships through successful intercultural communication. High self-esteem facilitates the dual role of the professional nurse or midwife in holistic health education to influence lifestyles to promote, preserve, maintain, and restore health of him- or herself, as well as of every other individual in society, (Freire, 1974, 1990; Tones & Tilford, 1994).

The structure of the adult educational process within the "8-I" didactic strategy ©

The analysis showed that adult educational process described above has four stages, which are facilitated within the curriculum by specific three steps as follows:

Reductionism means reducing the subject matter to the reality of the context at the orientation stage. At cognitive, emotional and skill levels this stage provides a platform for stability, safety and security by giving answers to the questions: What *is internationalisation? What is its implication for and interpretation in nursing education? Where am I in this maze of social, political educational and health care systems? What am I doing and why am I studying nursing education? Where will it lead me? What tasks will I be performing? What will my responsibilities be? What part will I be expected to play, and which am I able to, in society and the world at large?* Answers to these questions can lead to self-awareness, and a process of awareness of the importance of incorporating internationalisation in nursing education.

Realism means insight and understanding of the concept in the context of nursing in a broad perspective to embrace transcendental and metaphysical dimensions in internationalisation and caring. It leads in the student to self-conception in relation to 'identification'. At an intellectual level, this stage leads to an awareness of the importance of the role of professional nurses and midwives in providing a service to society which has impact on global issues in connection with the health of every individual. Comparison between nursing education and nursing praxis in other countries enhances our understanding of joint efforts for co-operation and collaboration to maintain and enhance the quality of care through the exchange of ideas, research, and human contacts locally, nationally and internationally. Awareness at the orientation stage is deepened further, leading to awareness of the emancipation of the self and of the image of nursing in general. Working in co-operation and collaboration with peers, teachers, and supervisors develops the students' proficiency skills in human and electronic communication even further.

Nominism means the rules for actions in establishing trusting relationships for successful co-operation and collaboration in different educational and nursing settings. At a higher level of proficiency, this stage teaches and refines within each student the intercultural communicative competence and the awareness of a global perspective on his or her work as a future professional nurse or midwife. This in turn helps to prevent the time- and resource-consuming consequences, while at the same time enhancing the quality of education. At this step, the depth of knowledge and skills concerning internationalisation may lead to an awareness of and interest in research and development, making the student a 'culture seeker' (Category II).

This learning process has four stages. These are the following.

- Student's own previous experience, which provide a firm foundation for assimilating new knowledge.
- Reflection leads to accommodation of new knowledge in knowledge that already exists.
- This is followed by thinking, judging for assimilation and internalisation. He or she gains insight into the implications and possibilities of implementing the new knowledge to suit his or her own needs and demands.
- Thus the new knowledge is internalised, and the student is able to apply it in practice to enhance his or her performance in private and professional life. The process of awareness also leads to the process of emancipation, liberating the student from the bonds of a narrow worldview, prejudiced attitudes and values, and low self-esteem.

The educational product: the achievements of the "8-I" didactic strategy ©

The *8-I didactic strategy* is in agreement with the theoretical arguments and results of the analysis of the present research, based upon scientific, personal, ethical and aesthetic knowledge. On the basis of the present research, the *8-I didactic strategy* appears to have the potential to lead each student in the development of positive attributes, as foreseen by the Swedish White Paper Bill (IU) on internationalisation in the curriculum of Swedish undergraduate nursing education. The analysis demonstrated that the success of the *8-I didactic strategy* for internationalisation lies in the quality of the performance of teachers and students at each stage. The *8-I didactic strategy* clearly defines the role of teacher and student. The teacher is the one who, through a holistic-humanistic-caring curriculum, is responsible for creating a harmonious learning climate to enhance life-long, deep learning. The student has to be open and positive to the diversity of learning experiences, and willing to accept educational challenges presented by an innovational curriculum. The categories 'educational needs', 'cultural context' and 'TLC' have the potential to provide the necessary support and guidance so that each student, through TLC and UNIL, can experience the desired cognitive, affective and effective (behavioural) changes. These changes in student nurses can contribute to the formation of their character by making them 'cultured and well educated', with an ability to view life in a broader perspective, to be tolerant, and to appreciate unity in diversity in a multi-cultural society in an increasingly interdependent world.

The "8-I" didactic strategy at micro level ©

The organisation of Swedish undergraduate nursing education has gone through several changes since the implementation of the 1982 curriculum. In 1993, changes were introduced for higher education that also affected the curriculum for undergraduate nursing education. The 8-I didactic strategy at a micro level makes suggestions for a syllabus that is planned according to the revised curriculum that is currently in force. The micro level takes into consideration the ideas from macro level to tie in with the current research findings for education in internationalisation. The combined analysis of the total data showed that 'culture' is a central concept within education in internationalisation. Activities to view 'culture' from both anthropological and aesthetic perspectives, ensure and enhance deep, life long-learning in connection with international understanding. This, in turn, also improves the quality of the education and nursing, which the students eventually provide. Awareness of global issues also leads to the emancipation of each student from the barriers of traditional thinking. The students become aware of their role and responsibility to participate actively in bringing about changes in society - locally, nationally and internationally. These changes may have impact on global issues that concern the health of the individuals. The students are encouraged to act upon sound ethical judgement in private and professional life. They have high self-esteem, which gives them the courage of their convictions, and the incentive to take part in joint efforts in co-operation and collaboration over cultural and national boundaries ultimately for the preservation of human race, the planet Earth and the global environment. The intentions of the official documents concerning education for international understanding can thus be fulfilled.

Overall aims of the syllabus which incorporates the "8-I" didactic strategy ©

To foster within each student his or her sense of being a responsible 'world citizen', as well as a professional nurse or midwife, so they participate actively to resolve global issues which may have impact on the health of individuals.

To provide the student nurses with an ability to function within a multi-cultural environment locally, nationally and internationally through successful intercultural communication.

To facilitate in each student learning about a desirable core of universal values to include the following:

- Awareness of human rights combined with a sense of social responsibility.
- The value of social equity and democratic participation in decision-making for holistic-humanistic nursing interventions.
- Understanding 'culture' from anthropological as well as aesthetic perspectives for the appreciation, understanding and tolerance of cultural differences and pluralism, and to understand the role of education in bridging the gap between East and West.
- To offer the students an opportunity to critically examine the influence of culture on health (from birth to death) in different cultures and on health care systems in different countries. This to compare, contrast and analyse the information in relation to principles and practice of basic nursing care and of nursing education in different countries.
- A spirit of caring, compassion, co-operation and collaboration across national and cultural boundaries.
- A spirit of enterprise creativity, flexibility, open-mindedness and positive attitudes.
- Awareness of the protection of environment.
- To create motivation and interest in the subject among administrators, teachers and students to impress on them that:

- Internationalisation in education is crucial. Therefore it should be based on professionalism and quality and should be an integral part of institutional strategies.

- Internationalisation cannot appear of its own accord. Activities cannot be built on fragile foundations if the outcomes are to be long lasting. Therefore an action-oriented policy for a specific *8-I didactic strategy* is necessary.

- To pay attention to the three categories for the planning and allocation of resources, with particular attention to category *prerequisites* (Study 2)

- To be well prepared for each activity.

Time at disposal

Three academic years divided into six terms

Content

Specific content is integrated with overall content. Some examples are given below

First term

- Historical background of internationalisation in higher education (political, economical, ecological, cultural and educational factors).

- Explanations of specific concepts in this connection. These are internationalisation, culture, communication, intercultural communication, globalisation, global perspective, environment, ethics and human rights.

- Impact of 'culture' in daily life on health and on life style.

- A global perspective on nursing care and caring, the nursing profession and nursing education

Second, third, fourth and fifth terms

- The themes introduced in the first term are developed further to provide both depth and breadth of knowledge regarding:

- global issues and the impact of culture in daily life for promotion, preservation, maintenance, and rehabilitation of health;

- human rights, peace, the equality of sexes, education, and health for all; and

- case histories, to learn about establishing trusting relationships through successful intercultural communication that also illuminates the connection between theory and practice in different nursing situations, for example in medical nursing, surgical nursing, primary health care, psychiatric nursing, and long term care.

Sixth term

The application of scientific methods to conduct a project, and the writing of a formal report to probe either a nursing problem where culture has an impact, or a health problem from a global perspective on nursing interventions.

Teaching methods

A variety of methods are suitable for the content that is to be covered. These may be lectures, seminars, workshops, cultural activities (such as films, plays, and visits to museums), independent literature studies, group work, cross-group work, assignments, projects, and formal reports.

Follow-up and examinations

Since the content is integrated with the other subjects, the follow-up can also be specifically directed at internationalisation, or can act in conjunction with the other subjects.

Learning outcomes

The achievements of the students show cognitive, affective and effective changes within each student. Specifically in individual nursing situation the future professional nurse can display intercultural communicative competence. Her knowledge, skills and high self-esteem make her able to co-operate and collaborate across national and cultural boundaries. On the basis of knowledge about histo-political, economical, social, ecological and cultural factors that have an impact on health of an individual, they, as professional decision-makers, are able to analyse critically, appraise, explore, evaluate, discuss and develop further, in joint efforts, the planning and organising of health care at different levels to promote optimal health of all individuals in society, thus bridging the gaps across national and cultural boundaries to establish frontierless fellowship for survival and humanitarian reasons.

A syllabus embodying these suggestions has been worked out together with my colleagues for implementation in the curriculum for Undergraduate Nursing Programme (120 points) that is offered at the Department of Nursing at Lund University in Sweden. As the world approaches the third millennium, nurses are facing the immense challenge of adopting new ways of thinking, new ways of acting, new ways of organising themselves in society and new ways of living. The world as we have known and the relationships we have taken for granted are all undergoing a profound rethinking and reconstruction. Ability for imagination, innovation, visions and creativity is becoming a basic necessity for solving problems for international partnership and interactions at different levels in different situations. Therefore it is essential for the undergraduate nursing education to focus on practical and clearly defined learning process and learning outcomes which measure up to the needs and expectations of the changing world. The "8-I" didactic strategy can make a contribution here.

Chapter 9

CONCLUSIONS AND DISCUSSION

Pain is the opposite of joy.
But joy is a kind of pain.
I believe the moment of birth
Is when we have knowledge of death.
(Elliot, 1967:82)

Because of very cumbersome nature of internationalisation as a research subject, my own research process was painful at many times. Out of these difficult moments came moments of joy, when a deeper insight was gained into the problems I had to hand concerning internationalisation in Swedish undergraduate nursing education. Managing internationalisation in the context of holistic-humanistic nursing, which is another complex subject in its own right, made it both complicated and challenging. Here I am in agreement with Thomas (1993:36) when he argues *The rule of thumb in selecting and focusing on a topic is that it must be both fun and something for which one has a passion.* The present research was triggered off by the confusion I and my colleagues experienced when attempting to incorporate internationalisation into the curriculum for Swedish undergraduate nursing education. The upgrading of Swedish basic nursing education to the higher educational level was the result of the 1974 Swedish Higher Education Reform. The reform had suggested education for international understanding should be included in all the curricula of the higher educational programmes. As a result, internationalisation had to be incorporated into the curriculum for undergraduate nursing education. Research-based support and guidance to enable teachers to incorporate internationalisation into the curriculum were lacking. Difficulties were experienced with the fundamental pedagogic questions 'why, what, where, when, and how' which arise when incorporating internationalisation into the curriculum. These basic difficulties guided my research. Both the subject and the object of my research are complex; both internationalisation and nursing education are multi-dimensional and multi-faceted phenomena. They are difficult to define and delineate. Between them cover innumerable concepts-within-concepts, neatly packed inside each other like a Russian doll. Hence the confusion over its management within the framework of the curriculum when it comes to the organisation, leadership, time, resources, content, and teaching approach which led me to the present research. On the basis of my research, I consider the following points are pertinent.

The methodological approach of my research

Thomas (1993:37) has argued that *Methodology, the techniques by which we collect our data is not a neutral enterprise, and how we gather data can dramatically shape the critical potential of the project.* My research could have been conducted differently by employing a different approach. But then I would not have been able to gain a holistic picture of the complex phenomenon which develops when both the subject (internationalisation) and the object (undergraduate nursing education) of research are also complex. This has implied *recognising what elements most warrant attention.* (Spindler & Spindler, 1987:39). Conducting my research has meant being creative and using an imaginative approach to suit the complexity of the research area. Researchers with a clear-cut and narrow field of research have the advantage of being able to rely upon a similarly clear-cut methodological approach. The multi-method approach that has been employed in the present research is a relatively new one within the social sciences, although Diers presented her factor searching method in 1976. The multi-method approach is complex, and has not yet become widely established. To be able to solve a complex problem, the scientific perspectives of Kant and the multi-method approach suggested by Diers initially guided me. To unveil the complexity of the phenomenon of internationalisation in the context of nursing in Swedish undergraduate nursing education, I have been forced to depend largely upon holistic ethnography. This in turn has provided support and guidance not only for the formation of the research design but also for its presentation. Thus the multi-method approach is a strength of my research. It has provided me with the necessary tools to isolate the different aspects of the dimensions involved in conducting research into internationalisation in Swedish undergraduate nursing education. The strength of the methodological approach also contributes by illuminating that the situation that creates the problem of understanding it is also the key to its solution, (Habermas, 1984). Here lies the strength of my ethnographic approach particularly for Studies 3 and 4 and for action research in Study 5. I have used my questions, puzzles and findings to build descriptions and theories and then test them from within the research setting itself. Thus the outcomes are tested through 'intervention experiments' in the field of study, (Thomas, 1993)

The methodological approach has made it possible to scientifically unfold an 8-I didactic strategy for education in internationalisation. It has potential to provide research-based support and guidance to incorporate internationalisation in Swedish undergraduate nursing education. Support and guidance to solve the fundamental pedagogical issues *why* (the underlying background), *what* (the content), *where and when* (the time and space in the schedule), and *how* (the teaching methods), are important when planning and organising the curriculum. For the undergraduate nursing educational programme, it is important that both the content and the approach are research-based, and that they are developed further in partnership with students according to their needs, experience, demands and expectations within the framework of the curriculum concerning resources, whether time, material, economic and human. The 8-I didactic strategy is a result of research on real events. Studies 3, 4 and 5 illuminated situations with which teachers and students are confronted in their daily work in connection with incorporating internationalisation into the curriculum. These situations were managed in my research within the existing framework of the curriculum, thus ensuring validity and reliability.

Background

My research shows that it is important to understand the background to education in internationalisation in higher education, and thereby its role in Swedish undergraduate nursing education. Internationalisation in Swedish undergraduate nursing education, as stipulated by Swedish Higher Education Act, has its roots in the ideology and philosophy of education for international understanding in higher education as envisaged by UNESCO in 1946. It aimed at closing the gap between rich and poor countries through joint efforts in co-operation and collaboration. This was considered important for humanitarian and survival reasons. In turn this required mutual respect for human dignity based on realism, humanism and tolerance so people could live together and communicate across cultural and national boundaries. This was a necessity in view of the increasing interdependence of all the countries of the world.

Closing the gap between our cultures is a necessity in the most abstract intellectual sense as well as in the most practical. When those two senses have grown apart, then no society is going to be able to think with wisdom. For the sake of the intellectual life, for the sake of this

country's special danger, for the sake of western society living precariously rich among the poor, for the sake of the poor who needn't be poor if there is intelligence in the world, it is obligatory for us...to look at our education with fresh eyes, (Snow, 1961:48).
At the heart of the goals for internationalisation is the concern for the health of all individuals of the world. Only the healthy possess the strength and courage necessary to participate actively in society to resolve cultural, international, global issues which require wholehearted commitment. Crucial to this are specific knowledge, skills, flexible attitudes and values, a mature personality, and an ability to solve problems within a specific field for which each individual is prepared through his or her professional higher education. In the case of Swedish undergraduate nursing education, this would mean preparing student nurses in the said manner within the field of professional nursing and midwifery. However, we toss and turn, we all know that we cannot survive without truth, non-violence, and holistic consciousness for inner, social, and global peace. In the words of Gandhi, (1987): *I have nothing new to teach the world. Truth and non-violence are as old as hills.*

The educational ideology articulated by UNESCO in 1946 later received a firm support in Sweden from her visionary Prime Minister Olof Palme, who particularly emphasised internationalisation in the Swedish higher educational system during the 1970s. Sweden's geographical position makes her vulnerable to forces from the outside. She is dependent socio-politically, economically, culturally and educationally on the Nordic countries, on Europe and on the other countries of the world. Therefore internationalisation is important for all spheres of Swedish society. On the other hand the two reasons for internationalisation - the survival of the human race and the planet Earth, and humanitarian help for the needy - appeal to the basic nature and culture of Swedish citizens, and therefore to the Swedish nurse and midwife. In view of increasing intercultural encounters within the health care system as a result of the increasing multi-culturalism of Swedish society, of the care sector of Swedish higher education and therefore of nursing education, international understanding is interpreted as internationalisation and intercultural communication.

The management of internationalisation as a subject in the curriculum

Internationalisation is evidently a highly complicated issue. By giving rise to the fundamental pedagogical issues of its incorporation into the curriculum, it also brings to surface the fundamental issues that affect the actors concerned. It awakes thoughts and emotions in students, teachers and organisers, administrators, and leaders of the department. It concerns one's own ideological and philosophical views, views of mankind, worldviews that are deeply rooted and difficult to change without conscious effort. For a teacher, this raises yet another difficult but basic question about ethics in education. The haunting question is: What *knowledge constitutes internationalisation and how can it best be imparted as economically as possible to reach the maximal learning effect under given conditions, so that neither the teacher's nor the student's time, effort and other resources are wasted?* My research shows that this is a difficult situation for a teacher whose commitment and interests lie in areas other than internationalisation. But for a teacher who is interested and committed to internationalisation as his or her most important subject, the imagination is set in motion. Innovative content and approaches are sought for to answer the basic questions and to make the educational process effective, economic, meaningful, pleasant and contextually relevant. This observation is in agreement with current research on education. Recent curriculum research shows that educational reforms intend to provide a 'window of opportunity' for innovation in curricula and to make changes in the educational process. However, bringing about educational change requires an understanding of the purpose of change, and knowledge of what is happening at the didactic level. Often the issues attacked by the reforms have a complex nature. Popularising the reform by oversimplifying the issues, and translating intricate approaches into seemingly simple actions, causes only confusion, and the reforms are doomed to fail. For an educational reform to succeed in bringing about innovational changes within the curriculum, changes are required that alter the planning, organising, implementing, assessing, and evaluating of the curricular activities. This has to take place in co-operation and collaboration with the educational leaders, teachers and the students, without at the same time disturbing the basic organisational features that otherwise can disrupt the stability and sense of balance of all concerned, (Drakenberg, 1995:74-76).

Awareness

My research emphasised that internationalisation in Swedish undergraduate nursing education means making the students aware in two ways of their role in society. First, one must make them aware of their own fundamental human rights as dignified individuals in a democratic society. In so doing, they become aware of their responsibility as world citizens to participate actively in private life to bring about changes in society locally, nationally and internationally to resolve cultural, international, global issues. Second, one must encourage awareness of their professional role in society and how they can influence the lifestyle of their patients through holistic health education, so that they are healthy enough to be able to play an active part to resolve the various issues of survival and humanitarian action both at home and at work. Thus, awareness within each student nurse about the importance of incorporating internationalisation into the curriculum for nursing education is important.

Peace and harmony

Awareness for the promotion of peace and harmony, the prevention of conflicts and war, the preservation of fundamental human rights, and the protection of the global environment through joint efforts for co-operation and collaboration over cultural and national boundaries concern each and every individual on earth. This is not a Utopia, a vision, or a dream. It is a reality if the human race and the planet Earth are to survive and remain healthy. The global issues cannot be resolved without pooling the efforts of all states and peoples. The exploration of outer space and the ocean depths, ecology and epidemics, poverty and backwardness are the realities of our age, and they demand international attention, international responsibility, and international co-operation and collaboration which can be enhanced through education in internationalisation, (Delors, 1996).

My research shows that education for peace on and with Earth is important for adult student nurses. They are the ones who will eventually be the professional leaders working in close contact with many different people, making important decisions. These decisions may affect the lives of all living creatures on Earth. In a changing world, peace, once created, cannot last forever. Continued efforts are required to preserve, maintain, restore peace through awareness and active participation in the peace process. Education to promote learning about co-operation and collaboration over cultural and national boundaries simultaneously becomes education for peace, leadership, and above all for managing conflicts. Peace education, as an integral part of education in internationalisation, means learning to be at peace with oneself in order to develop high self-esteem. It implies a peaceful and harmonious way of thinking, acting and being, so that one can choose a way to resolve conflicts through non-violent communication on 'win-win' basis.

The role of Swedish undergraduate nursing education

On the basis of the combined analysis of my research, I draw the conclusion that education in internationalisation is not only unavoidable, but is a moral obligation of all nursing educational curricula, because it is these that prepare the future professional decision-makers who, by influencing health-related issues in the world, may one day have the fate of the world in their hands. Individuals who have received education in internationalisation are humble and tolerant of diversity, and can understand and appreciate unity in diversity because they recognise that variety is the spice of life, and not something negative. They do not feel threatened, anxious, or uncomfortable when they encounter 'strangers' in private or professional life. Rather, they become curious and make genuine efforts to get to know the 'strangers' to make contact in trusting interpersonal relationships for a mutual learning and enriching process. These individuals have high self-esteem and the courage of their convictions to make decisions based upon sound, ethical judgement. They are more likely to practice loving, caring, non-violent life-philosophies. They oppose, and often succeed in demolishing, discrimination and oppression in any form. These results, as the positive outcomes of undergraduate nursing education, can spread through society like ripples on water amongst the individuals who surround the student nurses in their private and professional life. If every leader and decision-maker in the world was prepared to solve conflicts on 'win-win' bases with mutual respect and through successful intercultural communication, many of the world's conflicts would be solved and never develop into wars to cause the destruction and suffering that the world continues to witness, (Delors, 1996; Freire, 1990; Gardner, 1993; Goleman, 1996). Since both nursing and internationalisation share a deep concern for the health of every individual in every society in the world, and since the ideologies of both are compatible, internationalisation has a natural place in the curriculum for Swedish undergraduate nursing education, while Swedish undergraduate nursing education can indeed play a prominent role in education in internationalisation, and thereby enhance the image of nursing.

Contribution made by the "8-I" didactic strategy for education in internationalisation

My research confirmed that the "8-I" didactic strategy permits *the space of options open for teachers and students at the level of actual teaching*, (Drakenberg, 1995:7). It can provide answers to the fundamental pedagogical questions, and can thus ensure that both the content and the teaching approach are research-based, and have an outlet for further development. This is important if it is to bring about innovational changes in the existing framework of the curriculum. It promotes working in partnership with students when planning and organising the curriculum and allocating and utilising human and material resources democratically and economically. This in turn ensures and enhances the total quality of the educational process. The "8-I" didactic strategy makes a particular contribution in the following important areas within the curriculum for nursing education:

The didactic process

The "8-I" didactic strategy in connection with internationalisation utilises the categories 'educational needs', 'cultural context' and 'TLC'. The student learns to think for him- or herself, and to consider matters in order to take part in the process of knowledge getting. 'Knowing' thus becomes a process, not a product. The students are then able to grasp the transcendental and metaphysical dimensions of nursing as well as of their own private lives. By so doing, the 8-I didactic strategy promotes diversity in content and teaching approach, and avoids quantitative and reproductive educational processes that are a hindrance to holistic lifelong learning. With an "8-I" didactic strategy, a dualistic conception of knowledge (right or wrong) is abandoned in favour of a relativistic one where different facts may be explained differently by different authors and teachers. This pluralism expects each student to make a commitment and take a stand after careful consideration of points of view on a phenomenon.

Learning in "8-I" didactic strategy depends on understanding material that has an internal structure that can be grasped. What is pivotal to understanding is the grasp of the relationships between a phenomenon and its context. In this respect, everything is always a part of something larger or more complex (it has a meaning on a transcendental level, beyond the obvious) and it is this which makes up the context of understanding. Meaningfulness is thus not an inherent property of nature or culture. It is imposed by human consciousness and has a vitally important role to play in helping to determine (and ultimately improve) the quality of student learning. Education in internationalisation enhances a deep approach to learning by stimulating all senses. This is beneficial for both IQ (technical intelligence) and EQ (emotional intelligence), and means that the students grasp the fact that the subjects they are taught have the same relationship to reality as their daily lives. They can make use of the knowledge and skills that they have acquired in connection with internationalisation in their daily life situations at home, and during theoretical and clinical practice. The students grasp the important points conveyed to them, and evaluate them critically for the further development of their knowledge, skills, personality and worldview.

In connection with education in internationalisation, the "8-I" didactic strategy is both an active learning and teaching strategy. It promotes teaching students how to learn through their active participation in goal formation, knowledge seeking, and the presentation of their knowledge and skills in the wider context of private and professional life. Teaching as a holistic strategy means teaching for understanding the subject; teaching the students how to learn; and creating a context for learning. Teaching processes involve paying attention to 'teaching to' (the student nurses), 'teaching how' (the approach), and 'teaching that' (the content). The teacher becomes engaged with students in a collaborative quest for meaningful knowledge which is contextually relevant in private and professional life. In a holistic view, learning and teaching are seen developmentally. Different activities provide learning experiences through different senses. The "8-I" didactic strategy brings to each student learning to be, learning to know, learning to do and learning to live together irrespective of class, colour, creed, culture, age or sex. The "8-I" didactic strategy makes this a prerequisite, and develops further both the mobility of persons and ideas across national boundaries, and use of electronic technology in nursing education.

Co-operation and collaboration

The "8-I" didactic strategy employs experiential, peer group and co-operative learning and group work through dialogues, to a large extent because co-operative, experiential, and peer group learning through group work facilitates an awareness of internationalisation in the undergraduate student nurses. It promotes and enhances their understanding about themselves on the basis of their own personal experiences. Withstanding the pressures from the environment for 'being and doing' demands high self-esteem. Therefore, a didactic process to ensure and enhance cognitive, affective, and effective learning through dialogues for co-operation and collaboration with peers and the teachers is a suitable approach to enhance the self-esteem of student nurses. The "8-I" strategy brings about these changes within the students as a result of specific psychological and emotional changes which are 'curiosity' (out of initial awareness about internationalisation), 'confrontation' (especially regarding the value of knowledge and skills concerning internationalisation if it entails taking time and effort from learning more about medical technology), 'confusion' (as a result of confrontation with existential issues), and 'confidence' (after an 'aha' experience, as a result of emancipation through awareness).

During these processes - through peer group learning and the assimilation of specific knowledge in connection with internationalisation - intercultural communication occurs that is followed by an accommodation because of reflective thinking. An 'aha' experience follows when the student has internalised the 'stuff' they have learned in the context of the reality of his or her daily life as an ability that can be used and developed further for coping with different situations in their private lives and professions. Group work exposes the student nurses to a learning experience in successful intercultural communication to establish interpersonal relationships despite cultural differences. Perhaps the most significant thing of all about group work is that the participants become engaged in ordinary conversations with each other. In these conversations there is awareness that partners are more important than the topics under discussions. Participants are not trying to win a debate because they are not in contest with the opponent. They are conversing because they like each other and want to be together. The moment is precious in itself as an aesthetic experience of life. The topic or content of the conversation may or may not become important. When it does, the conversation becomes educational and memorable on that account. At other times the only memory that lingers is one of warmth and laughter, or sympathy and support.

Emancipation

My research has shown that education which incorporates internationalisation in its curriculum for undergraduate nursing following the "8-I" didactic strategy, including different activities, can make a significant contribution to the development of the students in relation to the categories 'educational needs', 'cultural context' and 'TLC'. The students become cultured, and are pleasant, interesting and easy to get on with, because they have developed 'culture sensitivity' and 'culture relativity'. These students are tolerant, and have an ability to show respect for diversity. They make decisions taking into consideration the cultural aspects, and bearing in mind their responsibility for sound ethical judgement in 'being and doing'. The courage of their convictions thus having been instilled in the students, it makes it easier for the teachers and supervisors to 'enculture' the students into the nursing profession. In so doing, the processes of awareness and emancipation contribute to improve the image of nursing in society. Nurses and midwives make up the backbone of the health care system. They are responsible for the most sought-for basic services, and have a holistic-humanistic view of the care they provide. Nursing interventions cover a broad field, and are indispensable to such an extent that 'nursing' is allocated no specific status. Medicine is considered 'something', nursing as 'nothing', (Hayasaka, 1989). Awareness amongst the students of the worth of their own profession can lead to actions to improve their professional status from 'nobody' to 'somebody', (Forslund, 1995), in order to improve the status and the salary structure of the profession as a whole. This can contribute to bringing about changes in the male-dominated power structure at different levels within Swedish health care organisations.

Intercultural communicative competence

The "8-I" didactic strategy for incorporating internationalisation promotes intercultural communicative competence in each student nurse. The ability to communicate interculturally successfully is necessary to establish trusting interpersonal relationships in all nursing interventions and for teamwork with other members of the health care team. Communication is verbal and non-verbal, influenced by culture of the individual. For instance, Sweden is a quiet country. People seldom use their car horns in traffic. In most conversations, Swedes seldom speak loudly, quickly, or in ways that disturb their surroundings. Many Swedes find that people who have moved to Sweden from other cultures do not confirm to this form of politeness. Many Swedes find it very disturbing to find two or more people conversing loudly, quickly and with dramatic gestures. This behaviour may be more acceptable and part of norm in other cultures, but this behaviour stands out in quiet Sweden and is considered impolite. Therefore education in communication with 'strangers' and intercultural communication in Swedish undergraduate nursing education is vital.

In view of the increasing cultural and ethnic plurality of Swedish society, and, as such, of the Swedish health care system, internationalisation in undergraduate nursing education also embraces education in intercultural communication. However, for a professional nurse, an ability to conduct successful intercultural communication within a nursing or educational setting is important and necessary in view not only of the changing structure of contemporary societies, but also because, within nursing and educational settings, every encounter is an intercultural encounter, because of ethnic or sub-cultural differences of some sort. For a nurse or midwife, a first encounter with a patient, client, relative, student, or member of staff is an encounter with a stranger, necessitating intercultural communication skills to avoid anxiety, stress, misunderstanding and misapprehension as a result of a culture clash.

On the other hand, a student nurse who embarks upon the undergraduate nursing course, in the beginning experiences, to varying degrees, the various symptoms of being a stranger. Student nurses can experience culture clashes and unsuccessful intercultural communication during encounters in educational and nursing situations when they meet teachers, supervisors, patients, clients, and relatives because of different ethnic or sub-cultural differences. Therefore, within undergraduate nursing education, intercultural communication is important for the establishing of trusting relationships to impart education, and, as a subject, to teach as a part of their education for international understanding. Effective intercultural communication involves minimising misunderstandings. To be an effective intercultural communicator, one is required to be motivated, and to have the appropriate knowledge and skills to approach strangers and communicate effectively. One needs knowledge and skills for reducing uncertainty and anxiety. To reduce anxiety one needs to be able to show consideration to others and to tolerate ambiguity. To reduce uncertainty, one needs to be able to empathise, and behave flexibly, and one must possess the skills to gain knowledge of others and their cultures when necessary.

My research shows that preparing student nurses so that they are able to adjust to other cultures when they are abroad to work and live, means preparing them to be able to conduct effective intercultural communication. For this they need the ability to communicate interculturally; to adjust to different cultures; to deal with different societal systems; to establish trusting interpersonal relationships; and to understand and show respect for others. The requirements for intercultural competence are awareness of self and culture; awareness of the implications of cultural differences; interpersonal flexibility and the ability to facilitate communication. The first two dimensions are related to the cognitive aspects of coping with the psychological stress associated with intercultural encounters. The latter two are related to affective aspects related to the ability to establish interpersonal relationships.

Tender loving care (TLC) and UNIL

Culture is a result of the socialisation process an individual has been subjected to within family, schools and at work. Culture is dynamic, and prone to evolutionary changes in order to provide a sense of continuity, security, belonging, well being, happiness and harmony. Culture plays an essential role in the gratification of basic needs of all human beings, since it encompasses anthropological, aesthetic and educational perspectives, making the concept multi-dimensional. For education in internationalisation in the context of nursing, culture is an important component that requires careful handling using anthropological and aesthetic perspectives to illuminate its innumerable key aspects. My research shows that content, which combines both the anthropological and the aesthetic perspectives of culture, makes it possible for the student nurses to absorb the subject matter. If any real competence is to be attained, it is essential for the students to construct their own personal version of the role of internationalisation, and therefore of culture, within the discipline of nursing. The content reveals to the students colours of culture which can form the basis of knowledge that can be used as a palette on which the colours can be mixed and matched as necessary when planning and performing nursing interventions that call for successful intercultural communication in different situations. The students then build up a body of their own knowledge and skills to cope with the diverse aspects of intercultural communication essential for establishing a trusting interpersonal relationship in private and professional life.

When ‘culture’ activities are incorporated into the curriculum, learning to nurse within a multi-cultural setting is enhanced. It becomes more enjoyable, it has a deeper impact, and it is meaningful. Activities to bring in the arts and humanities to nursing education make it possible to plan a caring curriculum to gratify the basic human needs of the students. A harmonious environment and caring curriculum enhance learning about holistic-humanistic nursing with TLC to meet the basic needs of the individual patients, which involves consideration of the cultural aspects of nursing communication. A caring curriculum provides student nurses with an opportunity to both experience gratification of their own basic needs and feel UNIL, and to learn about nursing interventions to gratify the basic needs of their patients. Thus ‘learning by experiencing or doing’ is no longer only a theory but becomes a reality.

Life long learning

Life-long, deep learning of cultural aspects takes place when the content is contextually relevant, and the approach is imaginative to engulf aspects of TLC and UNIL. A caring curriculum to teach adult student nurses about TLC in nursing provides an opportunity to the nursing teachers to plan and organise adult education as a life-long learning experience. The student nurses learn the ‘stuff’ not by rote, but through a process of thinking and reflecting. They accommodate the new knowledge, assimilate it within their own frame of reference, and finally internalise it so that they can implement it. In so doing, the students acquire learning skills as life-long learning. Diversity in teaching methods and a harmonious learning environment are essential components of a life-long, deep learning experience that is contextual and relevant. The students need time during which they can think about their new knowledge about the importance of culture and cultural differences. They need time to recover from the anxiety caused by the awareness that their behaviour has an impact on culturally diverse individuals. This results in sensitivity to others regarding spatial orientation. These students make a point to include all the members of a group in their conversations. An awareness of the need to be modest is enhanced, so that it improves nursing performance in clinical situations.

A sense of UNIL offers the freedom to learn, the time to think and reflect on co-operative learning. This is essential for activities concerning internationalisation and leads to an awareness of self, and helps to create a stable self-image and to gain the high self-esteem that enriches private and professional life. Self- awareness through learning about one's own culture in one's own environment is an evaluative experience of self. A mature professional personality is complex, multi-dimensional and dynamic. It develops over time as the result of the interactions of the person with his or her environment. Their self-image influences the way people perceive and act in concrete situations in their daily life. Thus learning that is contextual and relevant to daily living has an impact that lasts longer. Wise allocation of the time taken to awaken interest and motivation is in direct proportion to the quality of the performance of the students in theory and in practice.

The overall effect of the "8-I" didactic strategy and the importance of my research

My research in unfolding the "8-I" didactic strategy illuminated the necessity, possibilities, rewards, challenges and choices offered to nursing teachers and students in connection with incorporating internationalisation into Swedish undergraduate nursing education. At the same time, it also illuminated the risks of not incorporating internationalisation into the curriculum. The emphasis on awareness of cultural and global issues and the professional nurse's or midwife's role and responsibilities in resolving them, makes the educational process more interesting, more humane and more adapted to the core concepts of holistic-humanistic nursing. Care and caring in nursing are then given a broader perspective. Such awareness leads to the emancipation of the student nurses and has a developmental impact within them. Their self-esteem is raised, with a positive effect on their private and professional life where their ability to cope with the stress associated with intercultural communication is concerned. The guidance and support which the "8-I" didactic strategy can provide can mould the rather haphazard management of internationalisation into a purposely structured, coherent and systematic approach with a meaningful content which is contextually relevant. With the increasing internationalisation of Swedish society, particularly since her entry into the European Union, the findings of the present research are crucial for Swedish undergraduate nursing education. Twenty-two years have passed since the suggestion was made in the 1974 Higher Education Reform to incorporate internationalisation into Swedish Higher Educational programmes. Yet the need for a suitable didactic strategy is still the same.

The "8-I" didactic strategy described in the present research has the potential to be adapted to all other higher education programmes too because it provides support and guidance in tackling the fundamental pedagogical questions 'why, what, where, when, and how', that arise in all curricula in connection with incorporating internationalisation. The "8-I" didactic strategy results in a caring curriculum, which too is essential for all higher education programmes. It ensures and enhances the inner growth and maturity of the adult students through self-awareness and emancipation leading to the raised self-esteem that is at the heart of the goals for teaching international understanding. The "8-I" didactic process ensures and enhances cognitive, affective, and effective learning through dialogue for co-operation and collaboration with peers, teachers, and supervisors. It pays attention to all aspects of an educational process which makes education holistic to meet the challenges of the next century, (Agenda 2000). Within Swedish undergraduate nursing education, the "8-I" didactic strategy ensures and enhances education about tender loving care, love, peace, culture, communication, human rights and human dignity, and provides the student nurse the necessary strength of conviction to plan holistic and humanistic nursing interventions. In so doing, there grows within her the respect and understanding required for nursing patients from different cultures with different beliefs and values in the art and science of healing. This in its turn contributes to improve the quality of care for all patients, whether natives of Sweden or foreigners. As a future professional leader, teacher and a carer, the student acquires a mature personality and understanding of the wisdom of the essence of education in internationalisation in the context of nursing. Internationalisation in education affects:

- The educational organisation, which is closely linked to the socio-political, cultural and economical factors in society that control the educational system.

- The teachers and the students

- Resources- both human and material

- Mobility of persons and ideas

- Use of scientific and technological advances

- Each individual's values, attitudes and world view

My studies urge us to articulate clearly our goals and purposes for internationalisation, and to adopt a caring curriculum. Emphasis in nursing education on culture, communication, interaction and relationships cannot be stressed enough. The overall message of my research can be summed up as tender loving care (TLC). *One cannot give what one has never received,* (Study 1).

It is of the utmost importance that we recognise and nurture all of the varied human intelligences, and all of the combinations of intelligences...If we can mobilise the spectrum of human abilities, not only will people feel better about themselves and more competent; it is even possible that they will also feel more engaged and better able to join the rest of the world community in working for the broader good. Perhaps if we can mobilise the full range of human intelligences and ally them to an ethical sense, we can help to increase the likelihood of our survival on this planet, and perhaps even contribute to our thriving, (Gardner, 1994: unpaged). My research is concerned with structuring of pedagogic communication that focuses on the rules and conditions for the production, distribution, acquisition and recontextualisation of knowledge. It has shown that there is room for the ideology and philosophy of internationalisation to spread within all disciplines at all levels. By so doing my research has made a contribution to develop

- Existing knowledge within internationalisation in the context of nursing;
- Existing knowledge within the discipline of nursing; and
- Existing knowledge within the discipline of pedagogy.

Chapter 10

SUMMARY

Education for international understanding, as envisaged by the UNESCO in 1946, aims at closing the gap between the rich and the poor countries through joint efforts in co-operation and collaboration, based on mutual respect for human dignity, over cultural and national boundaries. The members of the UNESCO had a firm belief that through responsible, cultured and well-educated individuals, it would be possible to create conditions on Earth, which will allow, in every society in every nation, an ideal state to ensure and enhance:

- Promotion of peace and harmony,
- Prevention of conflicts and war,
- Preservation of the fundamental human rights, and,
- Protection of the global environment, through joint efforts for co-operation and collaboration over cultural and national boundaries.

The idea of internationalisation within the Swedish higher educational system stems from the ideology and the philosophy of the United Nations Educational and Cultural Organisation (UNESCO) put forward in 1946. An awareness regarding Sweden's interdependence upon the other nations of the world as well as her commitment to the international organisations have formed the basis for internationalisation within the Swedish higher educational system, (UKÄ, 1974:21; DSU 1974:6), of which the nursing education is a part since 1977, (Care 77). My research was triggered off by the confusion experienced by the author and her colleagues in connection with incorporating internationalisation in the 1982 curriculum for the Swedish undergraduate nursing education. The uttermost aim of the present research was to solve the fundamental pedagogical issues, which arise when internationalisation is incorporated into the curriculum. Swedish undergraduate nursing education involves both theory and practice. It is therefore complex. It is multidimensional, multifaceted, and has many components, which all need equal attention. "Nursing" is the major subject within the curriculum for the undergraduate nursing education. The phenomenon of internationalisation within the undergraduate nursing education must therefore be viewed against the background of the theories and the concepts, which are central to the discipline of nursing.

My research is concerned with structuring of pedagogic communication that focuses on the rules and conditions for the production, distribution, acquisition and recontextualisation of knowledge. It has focused upon the pedagogical issues: *Why* (the rationale), *What* (the content), *Where & When* (time and space within the curriculum), and, *How* (the teaching methods), through a pedagogical perspective. The phenomenon of internationalisation in nursing education is complex. The width, the length, and, the depth of the different fields which these phenomena can cover, makes it difficult to clearly outline the boundaries and define what they involve. This, in its turn, has practical implications and makes a definite clear-cut research approach difficult. The research difficulty in connection with internationalisation lies at the following two levels:

- At the relational level. The intricate cobweb of relationships concerning the concept of internationalisation is difficult to penetrate within the context of the entire higher educational system. Narrowing down the area to a specific discipline has therefore been important within the present research.

- At the content level of the concepts involved when implemented in teaching situations. Each of the major concepts, which becomes actualised within a specific context encompasses several other components, which create issues that are sensitive and difficult to manage and thus complicate the educational process.

The research framework was constructed around the four major concepts- ***Nursing Education, Nursing, Internationalisation*** and ***Health***. The major concepts share a common nucleus ***Health*** (of an individual). A multimethod research approach was employed to solve a complex research problem concerning a complex phenomenon. Ideas from several qualitative methods, which, are suitable for research in education and in nursing, were employed. Six empirical studies were carried out as follows:

Study 1: Interviews with the practitioners.
Study 2: Interviews with the experts.
Study 3: A practitioner's perspective as an ethnographic study.
Study 4: A student's perspective as an ethnographic study.
Study 5: An educator's perspective as action research.
Study 6: A complementary study as a survey through a questionnaire.

From the analysis of the Study 1 and 2, emerged three major categories as support and guidance for incorporating internationalisation in the Swedish undergraduate nursing education. These categories were further strengthened by the data in Study 3 and 4, which eventually guided Study 5.

Category I: ***Educational needs*** has eight sub-categories.
Category II: ***Culture Context*** has three sub-categories.
Category III: ***Tender Loving Care (TLC)*** engulfs the essence of the core component of caring in nursing. In so doing category TLC becomes important.

The combined analysis of the total data showed that: "culture" is a central concept within education in internationalisation. Activities to view "culture", through both the anthropological and the aesthetically perspectives, ensures and enhances deep, life long learning in connection with international understanding, which raises the quality of education, and of nursing. Awareness about the global issues also leads to emancipation of each student from the barriers of traditional thinking. The students become aware of their role and responsibility to actively participate in bringing about changes in the society which ultimately have an impact on survival of the human race, the planet Earth and the global environment.

From the combined analysis of the total data emerged aspects for ***curriculum development*** and a specific "***8-I" didactic strategy.*** These have a potential to provide support and guidance to facilitate incorporating internationalisation into the curriculum for undergraduate nursing education at both macro and micro levels. Within the 8-I didactical strategy, three types of teaching is required- *Teaching that (*the content); *Teaching to* (the undergraduate nursing students); and, *Teaching how*, (the approach). It is in the confrontation between educator, student, and subject matter that the teaching artistry comes into play. The results of the combined analysis also illuminated that how we organise the curriculum requires attention. Keeping in perspective the type of society we are, the values we cherish, and the educational aims we wish to achieve is important. Foreign students can become invaluable teaching and learning resources to provide a content with an international outlook. My research has shown that there is room for the ideology and philosophy of internationalisation to spread within all disciplines at all levels.

Nursing education that prepares future policy makers within the health care sector of society has a unique opportunity towards achieving the goals of internationalisation in higher education as an arrow to the future. It opens up avenues for fruitfully investing national human capital through cosmopolitan individuals. This opportunity should be exploited for survival and humanitarian reasons, as well as for further development of the nursing profession to meet the challenges of the 21st century with confidence and wisdom. My research, results, formulas, tentative strategies and models make a contribution to develop the existing knowledge within the disciplines of pedagogy, nursing and internationalisation.

APPENDIX 1: Letter to the Practitioners for Study 1

Re: Interview about internationalisation in undergraduate nursing education

Dear.............,

Thank you for your willingness to give me an interview for my research concerning undergraduate nursing education regarding internationalisation. I would be grateful if you would check the time stated below according to our agreement and contact me as soon as possible should it not be convenient so that we can find another time that is more suitable for you: Date: ------------- Time: ----------- Place: ----------.

As I explained on the phone, below is general information in brief along with two questions to give you a general idea of the sort of information I am seeking, and to give you an opportunity to assess the time the interview may take. For your convenience, I am hoping to be able to finish the interview within an hour.

As you know, the 1974 Higher Education Reform upgraded nursing education to that of the higher educational level and accordingly, since 1982, we have a new curriculum for the undergraduate nursing education which follows the 1977 Higher Education Act. As such, some aspects are new and require changes in the way we teach. The 1982 curriculum implies that all nursing education should be:

- research based.
- have research linkage
- include internationalisation.

During a conference arranged by the UHÄ in 1983, it was agreed that in nursing education, internationalisation ought to be interpreted as intercultural communication i.e. ability to communicate across cultural boundaries. In connection with this, I would like to gain knowledge about your views around the following questions which may serve as a guide for our dialogue.

- *Do you consider that education in internationalisation is necessary for you to be able to function as a family planning counsellor for the teenagers within your profession?*
- *Have you received education in internationalisation, which facilitates the performance of your job?*

The above questions are simply as a guideline. Please feel free to tell me what you think is important and necessary in nursing education regarding intercultural communication as you have experienced it in your work. I am looking forward to meeting you.

With best wishes,

(Shirin Sandström)

APPENDIX 2: Letter to the researchers for Study 2.

Re: Interview about internationalisation in nursing education

Dear..............,

Thank you for your willingness to give me an interview for my research concerning 'internationalisation' in undergraduate nursing education. I would be grateful if you would check the time stated below according to our agreement and contact me as soon as possible should it not be convenient so that we can find another time that is more suitable for you:
Date: -------------- Time: ------------ Place: ----------.

As I explained on the phone, below is general information in brief along with a few questions to give you a general hint of the sort of information I am searching, and, to give you an opportunity to assess the time the interview may take. For your convenience, I am hoping to be able to finish the interview within an hour.

As you know, the 1974 Higher Education Reform upgraded nursing education to that of higher educational level and accordingly, since 1982, we have a new curriculum for our undergraduate nursing education, which follows the 1977 Higher Education Act. As such, some aspects are new for us and require changes in the way we teach. The 1982 curriculum implies that all nursing education should be:

- research based.
- have research linkage
- include internationalisation.

During a conference arranged by the UHÄ in 1983, it was agreed that in nursing education, 'internationalisation' ought to be interpreted as 'intercultural communication' in view of the increasing multicultural encounters within the health care system. I therefore would like to interview you about your views in this connection and possibly some guidance about research in this subject. The following questions may serve as a guide for our dialogue:

- *What is internationalisation of education? What is your definition/interpretation of 'international understanding', which you consider suitable for Swedish undergraduate nursing education?*
- *Is internationalisation important and necessary in Swedish undergraduate nursing education? How can it be implemented in the context of nursing?*

With best wishes.

(Shirin Sandström)

APPENDIX 3: ACTION RESEARCH in STUDY 5

WHO Declaration of Health

Annex 1:
...the following principles are basic to the happiness, harmonious relations and security of all peoples:

...The achievement of any State in the promotion and protection of health is of value to all.

...Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of the medical, psychological and related knowledge is essential to the fullest attainment of health.

Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples, which can be fulfilled only by the provision of adequate health and social measures. (Annex 1 of the Constitution).

The definition of health expressed by WHO.

We believe that all human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in an act of brotherhood.

We also believe that the enjoyment of highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, and economic and social conditions.

We conceive of health as being a state of complete physical, mental and social well being, not merely the absence of disease or infirmity.

We believe that health education can serve to translate scientific knowledge and the above ideas into concrete everyday living terms among all people everywhere.

We are convinced that through education we can bring into close working partnership lay people and professional workers in health, education, industry and agriculture and other areas for real team-work toward a common aim - total health education for all people.

We believe that health education has the responsibility of bringing people everywhere into this active partnership to determine and to plan for themselves the changes to be made in their total standard of living is to improve in the partnership, and set the stage for harmonious team work between man and nature.

We know that at the heart of a successful partnership lies a fundamental belief of faith and respect with a love of people coupled with the conviction that every person has a contribution to make to the total good.

APPENDIX 4: ACTION RESEARCH in STUDY 5

CLEV: Checklist of educational views to assess the Students' reactions and involvement at different stages in connection with 'arts in nursing' and 'humanities' in nursing education. The idea is based upon Perry, W. 1970 together with Perry, L. 1984 and Ross et.al. 1993.

		I considered it was: please mark your answer with an X	
Negative	1	Silly, foolish and unnecessary	
	2	Wastage of time	
	3	Pushes out something else which is more important	
	4	Interesting but does not concern me.	
	5	Arts provide fine relaxation and creates cosy environment which enhances security and harmony	
	6	Awakens consciousness and curiosity about the concept of culture through different perspectives and makes one want to experience arts and culture.	
	7	Provides diversity in teaching and learning methods which awakens previous experiences, emotions, thoughts and reflections which then leads on to new knowledge.	
	8	Enhances and enriches learning and makes certain concepts clearer e.g. holism and humanism	
	9	Liberates fantasy and stimulates creativity	
	10	Improves communicative competence and gives courage to take initiative for alternative interventions	
	11	Contributes towards increased knowledge and skills for co-operation and collaboration over cultural boundaries within the health care system.	
	12	Increases self-awareness and self-security so that I become independent and take initiatives	
	13	I can accept more readily new cultures and peoples	
Positive	14	I become humble and gain respect for people and life Education becomes fun	

Figure appendix 4. The Check list of the Educational Views (Adatia-Sandström, 1997©)

APPENDIX 5-9: ACTION RESEARCH in STUDY 5

Some of the examples of my notes for planning and organising, essential points for lectures, discussions, seminars, assessments, feedback etc.

Appendix 5: Planning and organising various activities

Checklist for learning goals. Do not present these to the students from the start but let them be unfold and become clear to them as "learning by doing" as the course progresses. Remember to conduct all activities through democratic dialogues. This implies:

1. There are no lectures or other efforts to establish authorities. In so far as talks are to be given as instructions, they are only in the form of brief comments to specific issues as a natural part of the day's work.

2. The students themselves constitute the resources of the course activities. The students are to participate actively to develop problems, ideas, or arguments. This underlines the faith in the competence of the students. Emphasise that the efforts to develop further the course are collective. All must share the responsibility and pool their interests, insights and ideas to develop new structures together.

3. Beware of the time limits for the completion of each course. The students are exposed to the problem of dealing with the complex and vaguely defined issues - such as culture, nursing, commitment, love, power, product quality, etc. within narrow time constraints. Remember to point out that to observe the time limit too is a necessary exercise. In real life there is never enough time to do or discuss everything in details.

4. The tasks generated by the course curriculum, such as presenting group reports are to be made subject to rotation.

5. Basically two modes of teaching and working with the students: Discussions within small groups. It is the responsibility of each group to reach the results and draw conclusions; presentation in the manner chosen by the teacher or the group. This is to emphasise that democracy is not only discussion but also decision, which involves a process of concentration, synthesisation, and articulation.

6. Acknowledge and encourage the students to rely upon their own experiences.

7.Emphasise that all arguments are to be regarded as legitimate for further consideration. The dialogue can only take place through active participation. This is to train increasing tolerance for differences of opinions. The dialogues must produce agreements on 'win-win' basis. This emphasises, through 'learning by doing' that the major strength of a democratic system is that it draws upon a broad range of opinions and ideas for making decisions which can gain support of all who are concerned. As future professional leaders within a democratic society, this is important for the nursing students to learn.

Appendix 5:1: Self-Portrait

Give one stiff paper to each student with a task of making an attempt at "Self-portrait", i.e. each student, with drawings of small symbols or proper pictures, gives a self presentation on

the front side. On the back, he/she describes in words what he/she has tried to say in the drawings. Each student decides what and how much information he/she would like to share with the class at this stage, for example name, age, family, special interests etc.
NB! Creating enthusiasm and curiosity is essential!

Appendix 5:2: Invitation to a Cocktail Party

Class XX is cordially invited to attend a Cocktail Party
Where? Here in our classroom!
When? Now!
Dress? Come as you are!

RSVP Naturally you are all coming therefore reply is not necessary!

Appendix 5:3: Games for encouraging group dynamic

Aim: To enhance learning about teamwork for improved performance.

Game: Tower building according instructions in Antons, (1976)

Appendix 5:4: History of the Swedish: society, health care organisation, and women's liberation.

A video film: **GOTLANDSHUSET** based upon a narrative by Larsson, (1978). Points to discuss after the film:

The importance of knowing the historical, socio-political, economical, ecological and cultural background to the present structure and organisation of Swedish society with regards to: health care system, gender differences, view on religion, health, sexuality, family planning, co-hibbiting, division of labour within the family and at work, housing/living conditions, education and opportunities for work and building a family etc.

Man and the society, man and health, ethnic- and sub-culture differences in society, role of the professional nurse to influence the life style of all individuals. In this connection show the video film by the Swedish TV: **PÅ RÄTT SIDA ÄLVEN** depicting a tram journey through the city of Göteborg is shown. The film shows cultural differences due to both ethnic as well as sub-cultural differences of money, class and social status amongst the inhabitants of the city of Göteborg as viewed through the camera of a journalist. The video film strengthens the awareness about the reality of a multicultural society in Sweden by depicting the issues of cultural differences from another angle.

Appendix 5:5: Learning about empathy, tolerance, understanding, cultural differences

THE RIGHTS OF MAN

I hope that every American, regardless of where he lives, will stop and examine his conscience about this and other related incidents. This nation was founded by men of many nations and backgrounds. It was founded on the principle that all men are created equal, and that the rights of every man are diminished when the rights of one man are threatened...

The heart of the question is whether all Americans are to be afforded equal rights and equal opportunities, whether we are going to treat our fellow Americans as we want to be treated. If an American because his skin is dark, cannot eat lunch in a restaurant open to the public, if he cannot send his children to the best school available, if he cannot vote for the public officials who represent him, if, in short, he cannot enjoy the full and free life which all of us want, then who among us will be content to have the colour of his skin changed and stand in his place? Who among us would then be content with the counsels of patience and delay?
One hundred years of delay have passed since President Lincoln freed the slaves, yet their heirs, their grandsons, are not fully free. They are not yet freed from the bonds of injustice. They are not yet freed from social and economic oppression, and this nation for all its hopes and all its boasts, will not be fully free until all its citizens are free.
We preach freedom around the world, and we mean it, and we cherish our freedom here at home, but are we to say to the world, and much importantly, to each other, that this is a land of the free except for the Negroes; that we have no second-class citizens except Negroes; that we have no class or cast system, no ghettos, no master race, except with respect to Negroes?
Now the time has come for this nation to fulfil its promise...Events...have so increased the cries for equality that no city or state or legislative body can prudently choose to ignore them. The fires of frustration and discord are burning in every city...We face, therefore a moral crisis as a country and as a people...It cannot be quieted by token moves or talk...It is time to act...
Those who do nothing are inviting shame as well as violence. Those who act boldly are recognising right as well as reality....I am therefore, asking the Congress to enact legislation giving all Americans the right to be served in facilities which are open to the public: hotels, restaurants, theatres, retail stores and similar establishments.
...This is one country. It has become one country because all of us and all the people who came here had an equal chance to develop their talents. We cannot say to ten percent of the population that you can't have that right...

(President John.F. Kennedy, in a speech on the nation's radio and television networks on 11th June, 1963. In: Pedersen & Quint, (1968)

Compare the above speech with Candale, (1989) and Palme, (1966; 1968; 1970; 1977; 1984). Also compare discrimination against women in the academia with Caplan, (1993), and Scott, (1991)

Appendix 5-6: Some of the games to learn about culture, and empathy for intercultural communication

I. Give time to read, think and reflect upon selected quotations/case histories/experiences of the students. Then play the following games and instruct the students:
1. Take a piece of paper and write down five names of your dearest and nearest relatives or friends - without whom you think you cannot survive!

2. At every minute cross the name of one of them until there are no names left on your paper.

3. Take another paper and write down the names of five things you cannot live without.

4. At every minute cross one of the things until you have nothing left on your list

5. Discuss with your neighbour (student sitting next to you):

6. How did you make the choice. Was it difficult?

7. How did you feel when you were crossing the names/things. Was it difficult?

8. Imagine this happening to you in reality!

9. Document your discussions in writing.

After break, if possible, introduce a guest lecturer who is a foreigner and a refugee in Sweden and allow the students to listen to his/her experiences as a dialogue and discussion so that the students from the class can make a contribution for exampel in the following manner:

1. An immigrant student or a student who has lived abroad in a different culture can share his/her experiences.
2. Students can describe experiences from holidays abroad when things went wrong because of language, culture, or traditions.
3. Students who have become ill abroad can describe encounters with foreign health care systems.

Strengthen the learning experience by encouraging the students to look up further literature

II. Being an immigrant - a stranger in a new society

1. Present the following quotation from Bowen, (1981) and allow the students to read, think and reflect. The quotation describes the following situation, which illuminates the strategy of assimilation in America:

Immigrant groups were severely disadvantaged, and were subjected to intense pressures to assimilate under the conception of the 'melting-pot', a cncept popularised by Israel Zangwill in his play. In 1908, Israel Zangwill wrote and produced a play in New York: 'The Melting Pot' which summarised fifty years of immigrant experience. American nationalist feared the cultural impact of the new arrivals, especially religious and racial divisions, and Zangwill's play, set on Ellis Island in New York where the Statue of Liberty stands and immigrants first disembarked, welcomes them ...with your fifty languages and histories, and your fifty blood hatreds and rivalries. But you won't be long like that, brothers, for these are the fires of God you come to - these are the fires of God. A fig for your feuds and your vendettas! German and Frenchmen, Irishmen and Englishmen, Jews and Russians, into the crucible with you all! God is making the American!
Compare this with Hoopes, (1981) and Pusch, (1981,1983).

2. Allow a "brain storm" about the subjects to learn bearing in mind the above quotation. From the suggestions choose whatever involves the following:
Human Rights - regarding refugees, apartheid, children's rights etc.
Swedish Immigration Policy - past and present.
International Help Organisations- SIDA, Red Cross, Amnesty International etc -
Environment- physical, psychological, social & ecological- local and global

3. Each group works with one item - collects the necessary information, discusses in the group, writes an account and then presents the core of the information as a role-play.

4. If possible (depending upon the time and other resources), strengthen the above knowledge by inviting at least one guest lecturer who is an expert on one of the subjects above.

5. Visits to theatre, concert or museum at suitable times in the course to integrate with other aspects of the curriculum e.g. historical background to the living conditions of people in Sweden or other countries and thus illuminate and enhance the understanding of the concept of culture and communication through an aesthetic as well as anthropological perspectives.
6. A lecture on 'intercultural communication' strengthened by playing the game Bafa- Bafa' (Lundberg, 1991)

Appendix 5:7: Culture and Food

I MUST REMEMBER
I must remember...
Turkey on Thanksgiving,
Pudding on Christmas,
Eggs on Easter,
Chicken on Sunday,
Fish on Friday,
Left-overs on Monday.
But ah, me - I'm such a dunce.
I went and ate them all at once. (Silverstein, 1974:14)

There is a relation between food habits and religion is obvious for most people especially regarding food that is forbidden.
...but if we should look for a pattern which is similar for different individuals and different families then we will find that it is related to culture, (Jacobson-Widding, in Edsman, 1983:23)

Right food and right eating habits is a prerequisite not only so that a person can develop normally but also for good health and well being.

...Nutrition by its nature is strongly interdisciplinary connected with (1) Biochemistry, (2) Physiology, (3) Curative medicine, (4) Preventive medicine, (5) Sociology, (6) Economic policy (7) Production and (8) Nutritional technology, (Hambraeus, in Edsman, 1983:31, 33).

In all religions food is considered to be a gift of God which is why meals are often partaken after a short prayer of thanks giving, (Edsman,1983:81)

Students dwell upon the quotations discusses profane food and forbidden food in different cultures. Arrange a meal together either indoors or outdoors as picnic. Each student participates in either preparation of food (nourishing and well balanced), or table setting, or clearing. Summarise the experiences with an emphasis on impact of culture -anthropological and aesthetical on eating habits, manners, likes and dislikes, recepies and preparation of food.

An article by Koturk-Renfors, (1991) for further reading about the change process regarding staple food habits amongst the immigrants.

Appendix 5:8 The impact of religion as culture in every day life.

Dialogue in a film **"IVANHOE"**:

Isaac of York: *To which God shall a Jew pray for the gentile?*
Rebecca: *To the same God who made both of them.*

Appendix 5:9 Teaching nurses how to teach

Who can say thus far , no further, to the tide of his own nature? Who can erase the impressions with which he is born? (Gandhi, 1987:246)

Early to bed, early to rise; Makes a man healthy, wealthy and wise. (Benjamin Franklin, (1736): In: The Works of Benjamin Franklin, compiled and edited by Bigelow, (1904). Swedish translation: *Tidigt i sång och bittida opp; Lyfter din själ och styrker din kropp.* By Sturzen-Becker, in Bratt, . (1982:53).

Factors which Influence Health of an Individual in all Cultures

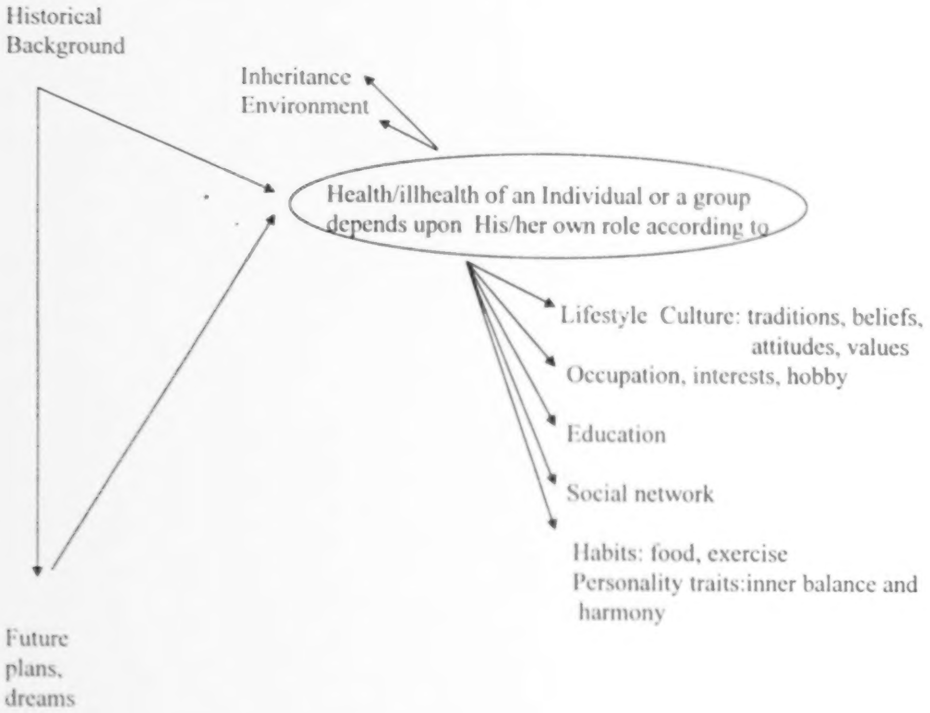

Historical Background
Inheritance
Environment
Health/illhealth of an Individual or a group depends upon His/her own role according to
Lifestyle Culture: traditions, beliefs, attitudes, values
Occupation, interests, hobby
Education
Social network
Habits: food, exercise
Personality traits:inner balance and harmony
Future plans, dreams

Figure appendix 5.9: Factors which influence lifestyle of an individual which have an impact on health. (Adatia-Sandström, 1997©)

BIBLIOGRAPHY

Adkins, B. M. (Ed.) (1978) *Communication in human activity/discoveries on the human use of human ideas.* International Symposium, 3. Paris, 23-27 October. Tokyo: Honda Foundation.

H.H. The Aga Khan III (1954) *The memoirs of Aga Khan: World enough and time.* London: Cassell and Company Ltd.

Agenda 2000 *Knowledge and competence for next century. Summary.* Stockholm: Swedish Ministry of Education and Science.

Amukugo, E. M. (1993) *Education and politics in Namibia. Post trends and future prospects.* Namimbia: New Namibia Books, Windhoek.

Anderson, J. M. (1990) Health care across cultures. *Nursing Outlook,* nr.38.May-June, pp136-139.

Anker, H. (Ed.) (1991) *Nar doktorn blir sjuk: nio lakare berattar.* Translated by Frisch, P. Stockholm: Natur och Kultur.

Antons, K. (1976) *Gruppdynamik i teori och praktik. Övningar och kommentarer.* Lund: Studentlitteratur.

Alexander, M. F. (1983) *Learning to nurse. Integrating theory and practice.* Edinburgh: Churchill Livingstone.

Alexandersson, M. (1994) Den fenomenografiska forskningsanstasens focus. In: Starrin, B.O. & Svensson, G.: *Kvalitativ metod och vetenskapsteori.* Lund: Studentlitteratur.

Alritcher, H. (1993) The concept of quality in action research: Giving practitioners a voice. In: Schartz, M (Ed) (1993): *Qualitative voices in educational research.* London: The Farmer Press.

Arberry A. J. (1989) *The Koran interpreted.* Aylesbury: Oxford University Press.

Ashworth, P. (1980) *Care to communicate.* London: Royal College of Nursing.

Ashworth, P. D; Giorgi, A; de Koning Andre'J. J. (1986) *Qualitative research in psychology.* Pittsburgh: Duquesne University Press.

Askling, B. (1984) *En decentraliserad utbildningsplanering.* UHÄ-rapport, nr.8. Stockholm: UHÄ.

Askling, B. (1987) *Vårdutbildningar i förändring. Slutrapport från UHÄs uppföljning av Vård 77-reformen.* Stockholm: UHÄ.

Aspelin, G. (1943) *Larobok I: Filosofiens historia.* Stockholm: Hugo Gebers Förlag.

Asplund, Å. & Asplund, A. (1988) *Vårdtradet.* Lund: Studentlitteratur.

Babalola, S.; Lawal, A.S.; Mako, I. V.; Rimon II,J.G.; Lorso, C.; Kiragu, K. & Church. (1993) Mobile family planning drama. *International Journal of Health Promotion & Education,* No. 0, pp 42-45.

Badura, B. (1984) Life-style and health: some remarks on different view points. *Social Science and Medicine* 19, pp 341-347

Bandura, A. (1972) Modeling theory: some traditions, trends, disputes. In: Park, R.D. (Ed.) (1972) *Recent trends in social learning.* London: Academic Press.

Bandura, A. (1977) *Social learning theory.* Englewood Cliffs, New Jersey: Prentice Hall.

Bel Habib, H. (1989) *Kulturell mångfald i vardagen och i hälso-och sjukvården.* Norrköping: Centrum för medicinsk humaniora.

Benedict, R. (1935) *Patterns of culture.* London: Routledge & Son Ltd.

Benner, P. (1984) *From novice to expert: excellence and power in clinical practice.* California: Addison-Wesley Publishing Co.

Berfenstam, R; Grönwall, A; Olsson, B; Willhelm, R; Wenström, G; Wickström, K-E. (1972) *Sjukvård på 80-talet. Hur och hur mycket? Rapport från en resa - i nutid, för framtid.* Stockholm: Landstingsförbundet.

Bergström, M. (1994) *Konsten och vården.* A lecture at Nordic conference: kultur ger hälsa. Slutrapport nr. 70. Irjala, A. (Ed.). Helsinki: Finlands UNESCO -kommission.

Bernstein, B. (1996) *Pedagogy, symbolic control and identity- theory, research, critique.* London: Taylor & Francis Ltd.

Berry, E; Kessler, J; & Fodor, J. (1983) Intercultural communication for health personnel. *International Journal of Intercultural Relations,* vol.7, pp 377-392

Bevis, E.O.& Watson, J. (1989) *Toward a caring curriculum: a new pedagogy for nursing.* New York: National League of Nursing.

Bigelow, J. (Ed.)(1904) *The works of Benjamin Franklin.* Vol II. New York.

Bjerkman, A. (1984) *Rörelsen är allt. Målet bara början. Om behandlingshemmet Trollängens förändring 1973-1980.* Göteborg: Institutionen för socialt arbete, Göteborgs Universitet.

Bjerstedt, Å. (1988a) Internationalisering och fortbildning. *Pedagogisk orientering och debatt, 84.* Malmö: Lärarhögskolan, Lunds Universitet.

Bjerstedt, Å. (1988b) Perspectives on peace eduaction: Interviews with experts from fourteen countries. *Educational Information and Debate, 89.* Malmö: School of Education, Lund University.

Bjerstedt, Å. (1992) *Fredsberedskap, mångkulturell fostran och invandrarelever som resurspersoner.* Malmö: Lärarhögskolan, Lunds Universitet.

Bjerstedt, Å. (1993) *Peace education: Global perspectives.* Malmö: Almqvist & Wiksell International.

Bjurwill, C. (1995) *Fenomenologi.* Lund: Studentlitteratur.

Björk, G. (1966) *Sjukvårdens villkor.* Stockholm: Natur & Kultur.

Björk, G. (1970) *På andra sidan korridoren.* Stockholm: Bröderna Lagerström.

Björk, G. (1972) *Uppriktigt sagt.* Malmö: AB Lundgrens söner.

Björkhem, Ö. (1985) *Naturmedicin och skolmedicin.* Simrishamn: Grafiska Förlag.

Blondis, M. N. & Jackson, B. E. (1982) *Communication in nursing.* New York: John Wiley & Sons Inc.

Blumer, H. (1969) *Symbolic interactionism.* New Jersey: Prentice Hall Inc.

Blyth R. H. (1967) *Silent flowers. Selected from Haiku volumes, 1-4.* Editor Price, D. Illustrated by Nanae Ito. Tokyo: Hokuseido Press.

Bohm, E. (1961) *Okänd, godkänd, legitimerad.* Stockholm: Svenska Sjuksköterskeföreningen.

Borgen, S. (1983) *Vuxenundervisning. Dialog och lärande.* Translated from Danish by Dahlgren, B. Stockholm: Natur och Kultur.

Borgenhammar, E. (1981) *Hälsans pris - en hälsokontroll av sjukvården.* Stockholm: Studieförbundet näringsliv och samhälle.

Borgenhammar, E. (1989) *Bristande tillit en grund för ohälsa.* SHSTF-kanalen Tema miljö och ohälsa, Stockholm: SHSTF

Borgenhammar, E. (1993) *Att vårda liv: Organisation, etik, kvalitet.* Stockholm: SNS förlag.

Borissova-Shivacheva, V. (1993) *Seminar respons.* In: *Education and change in Central and Eastern Europe,* New York: UNICEF.

Borgström, L. (1988) *Vuxnas kunskapssökande - en studie av självstyrt lärande.* Stockholm: Brevskolan.

Bourdieu, P. & Passeron, J. C. (1990) *Reproduction in education, society and culture.* London: Sage Publications.

Bowden, J. (1995) Phenomenographic research. Some methodological issues. *Nordisk Pedagogik,* Vol 15, Nr. 3, 1995, pp 144-155

Bowen, J. (1981) *A History of Western education.* Vol. 3. USA: Methuen & Co. Ltd.

Bratt, I. (1982) *Laromedel i engelska utgivna i Sverige 1850-1905.* Lund: CWK Gleerups.

Brewer, J. & Hunter, A. (1989). *Multimethod research. A synthesis of styles.* Newbury: Sage Publications.

Brink, P. (Ed.) (1976) *Transcultural nursing. A book of readings.* Englewood Cliffs New Jersey: Prentice Hall.

Brink, P. & Saunders, J. (1976) Cultural shock: Theoretical and applied. In: Brink, P. (Ed.) (1976). *Transcultural nursing. A book of readings.* Englewood Cliffs, New Jersey: Prentice Hall. pp.126.137.

Brislin, R. (1993) *Understanding culture's influence on behaviour.* Orlando: Harcourt Brace College.

Bruner, J. (1966) *Towards a theory of instruction.* Cambridge: Harvard University Press, Massachusets.

Buber, M. (1994) *Jag och Du.* Translated by M. and C. Norell. Original titel: Ich und Du (1923). Ludvika: Dualis Förlag AB.

Budgetpropositionen, 1989/90:100. *Regeringens proposition med forslag till statsbudget året1990/91* Stockholm: Riksdagen

Budha, S. (1954) *The Dhammapada.* Translated with notes by Narada. London: T. John Murray.

Burnard, P. (1989) Experiential learning and andragogy - negotiated learning in nurse education: a critical appraisal. *Nurse Education Today,* 9,300-6.

Burnard, P. (1992) Learning from experience: nurse tutor's and student nurses'perception of experiential learning in nurse education: some initial findings. *International Journal of Nursing Studies* (29), 2, 151-161.

Burns, R. (Ed.) (1975) *Voices from other cultures.* Redfern, Australia: Hogbin, Poole Printers Ltd.

Burns, R.(1976). Towards an understanding of development education. Occasional paper No 3, April 1976. In: *Tankestreck, smarre skrifter från UMIL.* Stockholm: Pedagogiska Instituitionen.

Burns, R. (1978) *Development education as a key to the understanding of social processes and problems.* Victoria: Centre for Comparative and International Studies in Education, La Trobe University, Australia.

Burns, R. (1979a) *The formation and legitimation of development and education with particular reference to Australia and Sweden.* Ph.D-thesis, unpublished. Victoria: La Trobe University, Australia.

Burns, R. (1979b) Education, development and the search for human liberation. *Development Education Paper No. 11.* New York: UNICEF.

Burns, R. (1980) What is development education? In: Engfeldt, M.(Ed.). *Utveckling, utbildning, utjämning.* Rapport från ett seminarium kring Development Education. Stockholm: Föreningen för utvecklingsfrågor (FUF)

Burnside, I. M. (1973) Touching is talking. *American Journal of Nursing* 73, No. 12, 2060-3

Buscaglia, L. (1985). *Love.* New York: Ballantine Books.

Buscaglia, L. (1986a) *Bus 9 to paradise.* New York: Ballantine Books.

Buscaglia, L. (1986b) *Leva, älska, lära. Tretton föreläsningar.* Translated by Arenander, B. Stockholm: Mån Pocket.

Böök, I. & Ekströmer, M. (1990) *Första terminen- Studenter kommer till tals.* Högskoleutredningen Projektrapport 1990:2. Lund: Sociologiska Institutionen, Lunds Universitet

Campbell, J. & Moyers, B. (1988) *The power of myth.* New York: An Anchor Book.

Candale, K. (1989) *Olof Palme - A life in politics.* TV film with commentary by Newman, P. Produced in USA, available at the archives of the Social Democratic Party, Stockholm.

Caplan, P. J. (1993) *Lifting a ton of feathers. A woman's guide to surviving in the academic world.* Toronto: University of Toronto Press.

Carlsson, B. (1991) *Kvalitativa forskningsmetoder. För medicin och beteendevetenskap.* Falköping: Almquist & Wicksell Förlag AB.

Carper, B. A. (1978) Fundamental patterns of knowing in nursing. *Advances in Nursing Science.* October, 1(1), pp 13-23.

Chaska, N. L. (1983) *The nursing profession: a time to speak.* New York: Mcgraw-Hill Inc.

Chaska, N. L. (Ed.) (1990) *The nursing profession. Turning points.* St. Louis: C.V. Mosby Company.

Chinn P. L. (Ed.) (1994) Esthetics and the art of nursing. *Advances in Nursing Science.* Vol. 17, Nr. 1, Sept.

Chinn, P. L & Jacobs, M. K. (1987) *Theory and nursing.* St. Louis: C.V.Mosby Company.

Cohen, L. (1992) Bibliotherapy. The therapeutic use of books for women. *Journal of Nurse-Midwifery,* Vol. 37,No.2, March/April, 1992.

Cohen, L. & Manion, L. (1982) *Research methods in education.* London: Croom Helm Ltd.

Comenius, J. A. (1989) *Didaktika Magna. Stora undervisningsläran.* Translated into Swedish by Kroksmark. Göteborg: T. Daidalos.

Condon, W. S. (1984) Communication and empathy. In: Lichtenberg et al. (1984). *Empathy II* pp. 35-58. New Jersey: The Analytic Press.

Cooper, C. L. (1975) *Theories of group processes.* New York: John Wiley & Sons.

Corbett, D. & Wilson, B. (1995) Make a difference with, not for, students: a plea to researchers and reformers. *Educational Researcher,* Vol. 24 Nr.25, 12-17.

Coreil, J; Levin, J.; & Gartly Jaco, E. (1985) Life style - an emergent concept in the sociomedical sciences. *Culture, Medicine and Psychiatry,* 9, 1985.

Cousins, N. (1979) *Anatomy of an illness as perceived by the patient.* New York: W.W. Norton & Co.

Cousins, N. (1989) *Head first. The biology of hope.* New York: E.P. Dutton.

Craft, M. (1994) Health at work. *International Journal of Health Promotion and Education,* 1, pp 21-28

Cronk, H. (1975) They never tell you anything. *Nursing Times,* 67, No 18, 551.

Cross, P. K. (1983) *Adults as learners. Increasing participation and facilitating learning.* Jossey - Bass Publishers.

Csikszentmihalyi, M. (1990) *Flow: the psychology of optimal experience.* New York: Harper Collins Publishers.

Dahl, T. (1973) *När jag var sjuk.* Uddevalla: Författarförlaget.

Dahlberg, K. (1993) Helhetssyn i vården. En uppgift för sjuksköterskeutbildningen. *Göteborg Studies in Educational Sciences 91.* Göteborg: Department of Education, University of Göteborg.

Dahlgren, G. (1991) Strategier för folkhälsa- några framtidsperspektiv. In: *Folkhälsans villkor.* Folkhälsogruppens skriftserie nr. 9. pp 45-84. Stockholm: Allmäna Förlaget.

Dahlgren, L.O. (1982) *Higher Education - impact on students.* Report Nr: 1982:02. Göteborg: Dept. of Education, University of Göteborg.

Dahlöf, U. & Chinapah, V. B. (Ed.) (1992). *Evaluation of Higher Education in a changing Europe.* Stockholm: Swedish UNESCO Council.

Dahn, I. (1987) *Vård och värderingar- om vårdens förförståelse.* Solna: LIC förlag och Ord Bilderna.

Darbyshire, P. (1994) Understanding caring through arts and humanities: medical/nursing humanities to promote alternative experiences of thinking and learning. *Journal of Advanced Nursing,* 19, 856-863

Darwin, C. (1972) *The origin of species.* London: J. M. Sons Ltd.

da Silva, A. B. & da Silva, D. B. (1988) *Kulturkonfrontation - kris eller möjlighet?* Uppsala: Bokförlaget Alpha Beta Sigma.

da Silva, A. B. & Andersson, M. (1989) *Vetenskap och människosyn i sjukvården. En introduktion till vetenskapsfilosofi och vårdetik.* Uppsala: Datem Publishing AB.

da Silva, A. B. (1990a) Kvantitativ versus kvalitativ forskning och metod. *Vårdlararen,* 3-43:6

da Silva, A. B. (1990b) Pluralism som en förutsättning för kultur-och religionsdialog. *Vårdlararen.* October, 1990, pp. 8-11

4

da Silva, A. B. (1990c) Invandrarnas möte med sjukvård i vårt mångkulturella samhälle. *Vårdläraren*. December. Pp.13-16

De Buno, E. (1978) *Teaching thinking*. Great Britain: Cox and Wyman.

Delors, J. (Ed.) (1996) *Learning the treasure within*. Report to UNESCO of the International Commission on Education for the twenty-first Century. Paris: UNESCO.

Demos, V. (1984) Empathy and affect: reflection on infant experience.In: Lichtenberg et al. (1984). *Empathy* II pp. 9-34. New Jersey: The Analytic Press.

Denzin, N. K. (1970) *Sociological methods. A sourcebook*. Chicago: Aldine publishing Co.

DeSantis, L. (1994) Making anthropology relevant to nursing care. *Journal of Advanced Nursing*, 20, 707-715.

deWit, H. (Ed.) (1995) *Strategies for internationalisation of Higher Education. A comparative study of Australia, Canada, Europe and the United States of America*. Amsterdam: European Association for International Education.

Dewey, J. (1916) *Democracy and education*. New York: McMillan.

Dewey, J. (1934) *Art as experience*. New York: Milton, Balch & Co.

Dewey, J. (1966) *Democracy and education. An Introduction to the philosophy of education*. New York: Free Press. Paper back edition.

Dewey, J. (1980) *Individ, skola och samhälle. Pedagogiska texter*. Commented by Hartman, S.G. & Lundgren, U. P. Stockholm: Natur och Kultur.

Diderichsen, F; Eliasson, R; Gustafsson, R.Å; Janlert, U; Nygren, P. (1982) *Samhällsvetenskaplig vårdlära*. Nacka: Esselte Studium AB.

Diers, D. (1976) *Research in nursing practice*. Philadelphia: J.B. Lippincott Co.

Drakenberg, M. (1995) *Compulsory school development in Sweden. A three dimensional view*. Research Bulletin 91. Helsinki: Department of Education. University of Helsinki.

Docherty, P. (1994) *Experience from Swedish R & D programs on development and learning*. Address given at: International Conference: learning and research in working life - collaborative experiences, 20-23 June, Lund University.

Dominowski, R. L. (1980) *Research methods*. Englewood Cliffs, New Jersey: PrenticeHall, Inc.

Ds A 1982:6 *Invandrarna i svenskarnas ogon. Egna forestallningar och andras eller opinionen som syntes*. Stockholm: Arbetsmarknadsdepartementet.

DSU 1974:6 *Higher Education Reform*. Translation by Higgins, H. Stockholm: Utbildningsdepartementet.

DSU 1984:7 *Interkulturell undervisning med flerkulturellt innehåll och globalt perspektiv - en väg till gemenskap och fred?* Stockholm: Utbildningsdepartementet.

Dubos, R. (1979) Introduction. In: Cousins, N. (1979). *Anatomy of an illness as perceived by the patient*. New York: W.W Norton & Co.

Eckes Peck, S. (1993) Monitoring student learning with poetry. *Journal of Nursing Educatjon*, April, 1993, Vol 32, No.4, 190-191

Eco, U. (1986) *Art and beauty in the middle ages*. Translated by Hugh, B. from original in Italian, 1956. Yale University Press.

Edelman R. J. (1993) *Interpersonal conflicts at work. Personal and professional development*. Exeter: BPCC Wheatons Ltd.

Edgren, L. (1992) *Service management inom Svensk hälso- och sjukvård - affärsutveckling och kundorganisation*. Lund: Institute of economics research, Lund University Press.

Edsman, C.M. (Red.) (1983). *Kultur, religion och nutrition*. En seminarieserie arrangerad vid institutionen för näringslära., Vårterminen, 1981. Uppsala Universitet.

Egidius, H. (1986) *Positivism, fenomenologi, hermeneutik: Konsekvenser för didaktik och vårdvetenskap*. Lund: Studentlitteratur.

Ehrenreich, B. & English, D. (1973) *Witches, midwives and nurses. A history of women healers*. London: Writers and Readers Publishing Cooperative.

Eklundh, M. & Mårtenson, D. (1985) *Examination for kvalitet. Exempel från hogskolan*. UHÄ/FOU Skriftserie 1985:3. Stockholm: UHÄ.

Ekman, S. L. (1993) *Monolingual and bilingual communication between patients with dementia disease and their caregivers*. Ph.D. dissertation from the Dept. Of Advanced Nursing, Umeå University and Department of Geriatric Medicine. Stockholm: Karolinska Institute.

Elfstrom, G. (1990) *Ethics for a shrinking world*. London: Macmillan Press Ltd.

Ellebaeck, B. (1991) *Ett humanistiskt perspektiv på 90-talets sjukvård*. Lund: Kulturnämnden, Malmöhus Läns Landsting.

Ellebaeck, B. (1994a) Kultur ger hälsa, *Vård* Nr 4, Dec. 1994. pp 19-34

Ellebaeck, B. (1994b) Kultur i vården. In: *Tidernas kultur: Ett debattinlägg inför den framtida kulturpolitiken.* Södertälje: Studieförbundet Vuxenskola. pp.54-68.

Elliot, J. (1981) *Action research: A framework for self-evaluation in schools, TIQL-* Working paper No 1, Memo. Cambridge: Cambridge University Press.

Elliot, T. S. (1967) *Collected plays*. London: Faber & Faber.

Ellström, P. E. (1992) *Kompetens, utbildning och lärande i arbetslivet. Problem, begrepp, och teoretiska perspektiv.* Stockholm: Publica.

Engelhardt, Jr, H. T. (1986) *The foundations of bioethics.* Oxford University Press, New York.

Englund, T. & Svingby, G. (1982) *Scientification of teaching - A concept to be questioned.* Göteborg: Dept. of Education, University of Göteborg.

Englund, T. (1986) *Curriculum as a political problem. Changing educational conceptions, with special reference to citizenship education*. Uppsala Studies in Education 25. Uppsala: Uppsala University.

Eriksson C. G. (1981) *HSL byter ut sjukdomsconcept mot hälsa.* SPRI rapport 53. Stockholm: SPRI.

Eriksson, K. (1977) *Att undervisa om vårdprocessen.* A lecture during a course in Nursing process, on Åland.

Eriksson, K. (1987) *Pausen*. Stockholm: Almqvist & Wiksell.

Eriksson, K. (1988a) *Vårdprocessen.* Stockholm: Almqvist & Wiksell.

Eriksson, K. (1988b) *Vårddidaktik.* Göteborg: Almquist & Wiksell.

Eriksson, K. (1989) *Hälsans idé*. Stockholm: Almqvist & Wiksell.

Eriksson, K. (1992) *Vårdvetenskap som disciplin, forsknings-och tillämpningsområde.* Åbo: Institutionen för Vårdvetenskap, Åbo Akademi.

Eriksson, K. (Red.) (1993) *Möten med lidanden.* Åbo Akademi, Inst. för Vårdvetenskap, Rapport nr.4/1993.

Erlöv, I. & Petersson, K. (1992) *Från kall till personlighet. Sjuksköterskans utbildning och arbete under ett sekel.* Lund: Pedagogiska institutionen, Lunds Universitet.

Falin, V. (Ed.) (1986) *The last nuclear explosion. Forty years of struggle against nuclear tests (a historical survey).* Moscow: Novosti Press.

Fawcett, J. (1987) *Analysis and evaluation of conceptual models of nursing.* Philadelphia: F.A Davis & Co. 6th edition.

Felice, E. M. (1993) Education *in Buenosaries.* A seminar at the Department of Education, Lund University, February 20th.

Felice-Farese, S. J. (1993) *Poetic expressions in nursing...sharing the caring.* Edited by Liotta, M. A. Long Branch. New Jersey: Vista Publishing,

Feyerabend, P. (1988) *Against method.* Verso, London.

Fisher, B. & Toronto, J. (1990) Toward a feminist theory of caring. In Abel, E.K. & Nelson, M.K.(Eds.)(1990) *Circles of care. Work and identities in women's lives*. Albany: State University of New York Press. pp.35-64

Flanagan, J. C. (1954) The critical incident technique. *Psychological Bulletin.* Vol. 51, No. 4, pp 327-345.

Flew, A. (1979) *A dictionary of philosophy*. London: Pan Books Ltd.

Floistad, G. (1981) The concept of world in Wittgenstein and Heidegger. In: Johannessen, K & Nordenstam, T. (1981): *Wittgenstein - aesthetics and transcendental philosophy*. Proceedings of a symposium at Bergen 1980. Austria: Verlag Hölder-Pichler-Tempsky. p. 86-95.

Forsberg, B; Hede, G; Lundmark, A; Söderström, M. (1984) *Att planera utbildning- en bok om utbildning i arbetslivet.* Lund: Studentlitteratur.

Forslund, A. (1995) *"From nobody to somebody". Womens' struggle to achieve dignity and self-reliance in a Bangladeshi village.* Umeå: Department of Education, University of Umeå.

Forslund, K. (1993) *Utveckling för professionalitet.* Linköping: Institutionen för pedagogik-psykologi, Linköpings Universitet.

Fountain, S. (1992) *Education for development. UNICEF'S guide for global learning.* New York: UNICEF.

Francis, H. (1993) Advancing phenomenography: Questions of method. *Nordisk Pedagogik*, Vol. 13, nr.2, 1993, pages 68-77.

Franke-Wikberg, S. & Johansson, M. (1976) *Utvardering av undervisning.* Lund: Studentlitteratur.

Franke-Wikberg, S. & Lundgren, U. P. (1980) *Att utvärdera utbildning. Del I. En introduktion till pedagogisk utvardering.* Stockholm: Pedagogiska institutionen, Stockholms Universitet.

Frankl, V. E (1986) *Viljan till mening. Logoterapins grunder och tillämpning.* Lund: Natur och Kultur.

Freire, P. (1974) *Education for criticai concsiousness.* London: Sheed and Ward.

Freire, P. (1990) *Pedagogy of the oppressed.* Translated by Bergman-Ramos, M. Harmondsworth: Penguin Books.

Freire, P. & Faundez, A. (1989) *Learning to question. A pedagogy of liberation.* Genéva: World Council of Churches Publication.

Friedman, J. (1994) *Cultural identity and global process.* London: Sage Publications Ltd.

Frost, M. (1996) *Ethics in international relations. Cambridge Studies in international relations.* Cambridge: Cambridge University Press,

Fuglesang, A. (1982) *About understanding*. Uppsala: Dag Hammarskjöld Foundation.

Fujita, H. (1995) Adult education for peace: Japanese experience. *Peace education miniprints No 74, 1995.* Malmö: School of Education, Lund University.

Furnham, A. (1989) *Culture shock: psychological reactions to unfamiliar environments.* New York: Routledge.

Gandhi, M. K. (1987) *An autobiography or The story of my experiments with truth.* Reading: Cox Wyman Ltd. First published in Gujarati in 1927.

Gardell, B; Gustafsson, RÅ; Brandt, C; Tillström, I; Ingemar, T. (1979) *Sjukvård på löpande band.* Prisma, Stockholm.

Gardner, H. (1993) *Frames of mind. The theory of multiple intelligences*. Tenth Anniversary edition. New York: Basic Books.

Gardner, H. (1994) Foreword in Lazear, D. *Seven pathways of learning. Teaching students and parents about multiple intelligences.* Tuscon: Zypher Press

Gaut, D. A. (1984) A philosophical orientation to caring research. In: Leininger, M. (1984): *Care: the essence of nursing and health.* Michigan: Wayne University Press. pp. 17-25.

Gebre Selassie, A.; Desta, N.; Negash, Z. (1985) *Harmful traditional practices affecting the health of women and children in Ethiopia.* Addis Ababa: UNICEF.

Gesser, B; Bengtsson J. & Sellberg, A. M. (1971) *Val av utbildning och yrke.* SOU 1971:61, Stockholm.

Gesser, B. & Fasth, E. (1973) *Gymnasieutbildning och social skiktning.* Stockholm: UKÄ

Gesser, B. (1979) Rationalisering: kunskap, funktion, reproduktion och Svenska universitet. *Forskning om utbildning.* nr. 4:1979

Gibran, K. (1991) *The Prophet.* London: Mandarin Paperbacks.

Giertz, G. (1967) *Sjukskoterskelara. Larobok for sjukskoterskeelever.* Stockholm:Svenska Bokförlaget/ Norstedts, tredje upplagan, 4e tryckning.

Giorgi, A. (1992) *The phenomenological approach.* A doctoral course, Care Research Unit, Faculty of Medicine, Lund University.

Glaser, B. G. & Strauss, A. (1967) *Discovery of grounded theory. Strategies for qualitative research.* Chicago: AVC.

Goleman, D. (1996) *Emotional intelligence. Why it can matter more than IQ.* London:Bloomsbury Publishing.

Grahn, G. (1987). Innovative approaches to education: preceptorships and mentors. *Cancer Nursing.* 10, Suppl 1: 181-185.

Gudykunst, W. B & Kim, Y. (1984) *Communicating with strangers: an approach to intercultural communication.* New York: Random House.

Gudykunst, W. B & Kim, Y. (1992) *Communicating with strangers: an approach to intercultural communication.* New York, London: McGraw Hill.

Gunnars, B. (1991) *Livskvalitet under cytostatikabehandling - en studie av cancerpatienters upplevelsr och erfarenheter.* Lund: Faculty of Medicine, Lund University.

Gulyga, A. (1990) *Immanuel Kant*. Translated by Edgren, H. Göteborg: Daidalos.

Gustafsson, R. Å (1987) *Traditionernas ok. Den svenska halso-och sjukvårdens organisering i historiskt-sociologiskt perspektiv.* Falköping: Esselte Studium.

Habermas, J. (1984) *The theory of communicative action*. London: Heinemann.

Hall, E. T. (1981a) *The silent language*. Garden City, New York: Anchor Books.

Hall, E.T. (1981b) *Beyond culture*. Garden City, New York: Anchor Books.

Hall, E.T. (1982) *The hidden dimension.* Garden City, New York: Anchor Books.

Hall, E.T. (1984) *The dance of life. The other dimension of time*. Garden City, New York: Anchor Books.

Hall, E.T. (1989) *Proxemics: The study of man's spatial relations.* In: Klein, N. 6th edition.

Hall, E.T. & Hall, M. R. (1987) *Understanding cultural differences.* Yarmouth, Maine: Intercultural Press Inc.

Hall, E.T. & Hall, M.R. (1990) *Understanding cultural differences. German, French and American.* Yarmouth: Intercultural Press.

Hall, L. (1969) The Loeb Center for Nursing and Rehabilitation. *International Journal of Nursing Studies,* 6:81-95.

Hammersley, M. & Atkinson, P. (1995) *Ethnography: principles in practice.* 2nd ed. London: Routledge

Hansson, G. Jansson, T. Linell, P. Sjölander, S. (1989) *Kommunikation mellan manniskor.* Linköping: TEMA Universitet i Linköping.

Hawking, S. (1993) *Black Hole and baby universes and other essays.* London: Bantam Press.

Hayasaka, T. (1989) *The phenomenology of nursing.* A Lecture delivered at the International Human Science Research Conference, Århus, Denmark.

Hedegaard, M; Hakkarainen, P; Engeström Y. (1984) *Learning and teaching on a scientific basis. Methodological and epistemological aspects of the activity of learning and teaching.* Aarhus: Psykologisk Institut, Aarhus Universitet.

Hegel, G,W.F. (1973) *The philosophy of right.* Translated by Knox, T.M. Oxford: Oxford University Press.

Heidegger, M. (1962) *Being and time.* New York: Harper & Row.

Hein, E. C. (1973) *Communication in nursing practice.* Boston: Little Brown Co.

Helman, C. (1984) *Culture, health and illness: an introduction for health professionals.* Bristol:Wright, PSG.

Henderson, V. (1966) *The nature of nursing: a definition and its implications for practice, research and education.* New York: Macmillan.

Henderson, V. (1978) *The principles and practice of nursing.* New York: Macmillan.

Hermerén, G. (1986) *Kunskapens pris: Forskningsetiska problem och principer i humaniora och samhällsvetenskap.* Stockholm: HSFR.

Hingley, P. (1989) *Vårdandets villkor - att prestera under press.* SHSTF, FOU rapport, 30, Stockholm: SHSTF. Original titel: Occupational Stress in Nursing.

Holm, U. (1985) *Empati i läkar-patientrelationen. En teoretisk och empirisk analys.* Uppsala Studies in Education 24. Uppsala: Department of Education, Uppsala University.

Holmberg, L. M. (1994) *Design of learning environments for IT-users.* Göteborg: Department of Education and Educational Research, Göteborg University, 1994:02.

Holmdahl, B. (1989) Omvårdnadens historiska utveckling. In: Östlinder, G. (Red.) *Perspektiv i omvårdnadsarbete.* Stockholm: Utbildningsradio.

Homer, A. J. (1951) *The wit and wisdom of Gandhi.* New York: The Beacon Press.

Hoopes, D. S. (1981) Intercultural communication: concepts and the psychology of intercultural experience. In: Pusch, M.D. (Ed.) *Multicultural education: a cross-cultural training approach.* Chicago:Intercultural Press.

House, E. R. (1981) *Evaluating with validity.* London: Sage Publications.

HS 90 (1984) *Hälso-och sjukvård inför 90-talet. Huvudrapport SOU 1984:39.* Stockholm: Socialdepartmentet.

Hume, D. (1976) *The natural history of religion.* Colver,W. (Ed.), and *Dialogues concerning natural religion* Price, V. (Ed.). Oxford: Clarenden Press.

Husén, T. (1971) *Utbildning år 2000. En framtidsstudie. Ekonomi och Samhälle.* Stockholm: Bonniers.

Husén, T. (1992) Vad menas med kvalitet i högskolan? In: PM till SACO. In: Callert, L.(1992) *Kvalitet i Akademisk utbildning.* Stockholm: SACO-kansliets UFO.

Husén, T. (1994) *Skola och universitet inför 2000-talet. En utbildningsforskares perspektiv.* Stockholm: Atlantis.

Husén, T. & Boalt, G. (1968) *Educational research and educational change: The case of Sweden.* Stockholm: Almquist & Wiksell.

Husserl, E. (1972) *IDEAS. General introduction to pure phenomenology.* New York: The Macmillan Co.

Hvarfner, G. (1988) *The return of virtue? Erik H. Erikson's theory of human maturation.* Uppsala: Uppsala Studies in Social Ethics, Uppsala University.

Hymes, D. (1996) *Ethnography, linguistics, narrative, inequality. Towards an understanding of voice.* London: Taylor & Francis.

Högskoleverket Studies 1997:8 S: *National policies for the internationalisation of higher education in Europe.* Stockholm: National Agency of Higher Education.

Illich, I. (1971) *Deschooling society.* Harmondsworth: Penguin.

Illich, I. (1977) *Den omänskliga sjukvården (Limits to medicine).* Translated by Bökstedt. Stockholm: Bonniers.

Irjala, A. (Red.) (1994) *Kultur ger hälsa.* Slutrapport, Nordisk Konferens 1-3.9.1994. Helsingfors: Finlands Unesco-kommision no. 70.

Isacsson, S-O. (1993) *Bättre språk bättre kunskap!* Pedagogiskt utvecklingsarbete vid Lunds Universitet, 1993:189. Lund: Lunds Universitet.

Isling, Å. (1980) *The struggle for and against a democratic school.* Stockholm: Department of Education, University of Stockholm.

Itten, J. (1991) *The elements of color.* Ravensburg: Otto Maier Verlag.

Jaeger, R. M. (Ed.) (1988) Introduction. In: *Complementary methods for research in education.* Washington: American Educational Research Association.

Jansson, L. (1993) *Ethical reasoning among experienced registered nurses in relation to communication with severely ill patients.* Umeå: Department of Caring Science, University of Umeå.

Jensen, K-M. (1995) *Kvalitativa metoder för samhälls- och beteendevetare.* Översättning: Andersson, S. Lund: Studentlitteratur.

Johansen, V. A. (1987) *Kommunikasjon med respiratorpasienter.* Gyldendals sykepleieserie 4. Oslo: Norsk Sykelpleierförbund.

Johansson, B. (1979) *Kunskapsbehov i omvårdnadsarbete och kunskapskrav i vårdutbildning.* Lund: Studentlitteratur.

Johansson, B. (1983) *In focus: the art of knowing how to nurse.* Paper at the Sigma Theta Taus Research Congress in Madrid, July 7-8, 1983. Göteborg: Department of Education, University of Göteborg, 1983:03.

Johansson, B. (1988) *Från allmänsklig kompetens till omvårdnadskompetens.* HLS Förlag, Stockholm.

Johansson, B. (1994) Sjusköterskor - barn av sin tid. In: Carlsson, B. and Lundberg-Sand, Å. (Red)(1994) *Det sitter i väggarna- kulturella föreställningar i vård och vårdutbildning.* Kalmar: Kalmar läns Vårdhögskola.

Johanson, M. (1994) *Communicating about health in health care. Perspective on lifestyle and post-operative complications.* Linköping Studies in Art and Science, 116. Linköping: Linköping University.

Johansson, M. (1994) *Det är ju vi som ska ta över världen: om grundskoleungdom och den nya fredsfostran i 1980-talets Sverige.* Lund: Pedagogiska Institutionen, Lunds Universitet.

Johannisson, K. (1990) *Medicinens öga: sjukdom, medicin, samhälle: historiska erfarenheter.* Stockholm: Nordstedts.

Josephson, U. (1994) *Life-view of the medical students at the Karolinska Institute, Stockholm, Sweden.* Stockholm: Institutionen för klinisk neurovetenskap, Institutionen för medicinsk informatik och pedagogik, Karolinska Institutet.

Järtelius, A. (1985) *Olika men jämlika? Ett studiematerial om invandrare i hälso-och sjukvård.* Malmö: Liber.

Kant, I. (1960) *Education.* Edited by Arbor, A. Michigan: University of Michigan Press.

Kant, I. (1967) *Philosophical correspondence 1759-1799.* Edited and translated by Zweig, A. Chicago: The University of Chicago Press.

Kant, I. (1969a) *The moral law.* Translated by Paton, H.J. London: Hutchinson & Co. Ltd.

Kant, I. (1969b) *The critique of pure reason.* London: Hutchinson & Co. Ltd.

Kant, I. (1980 rep) *The critique of judgement.* Oxford: Oxford University Press.

Katz, J. (1995) *The study of emotions in everyday life.* A seminar at the Department of Social Anthropology, Lund University.

Keating, K. (1983) *The hug therapy book.* Drawings by Noland, M. Minnesota: Comp Care Publishers.

Kempfer, C. (1955) *Adult education.* New York: The Free Press.

Kihlgren, M. (1992) *Integrity promoting care of demented patients.* Umeå: Department of Advanced Nursing, University of Umeå.

King, M. (Ed.) (1966) *Medical care in developing countries. A symposium from Makerere University, Kampala, Uganda.* Nairobi: Oxford University Press.

Kitson, A. (1988) Raising the standards. *Nursing Times*, 25,pp 29-32

Klein, N. (1989) *Cultures, curers, and contagion. Reading for medical social science.* Nevato: Chandler & Sharp Publisher, Inc. 6th edition.

Kleinman, A; Eisenberg, L; Yalman, N; & Carstairs, M. (1981) *Culture, illness and healing.* Holland: D. Reidel Publishing Company.

Knowles, M. (1980) *The modern practice of adult education.* New York: Cambridge Press.

Knowles, M. (1985) *Andragogy in action. Applying modern principles of adult learning.* San Fransisco: Jossey Bass Publishers

Knowles, M. (1989) *The making of an adult educator. An autobiographical journey.* San Fransisco: Jossey-Bass Inc. Publishers.

Koestler, A. (1964) *The act of creation.* London: Hutchinson of London.

Kolb, D. (1984) *Experiential learning. Experience as the source of learning and development.* Englewood Cliffs, New Jersey: Prentice Hall, Inc.

Koturk-Renfors, T. (1991) Baslivsmedel förändras sist hos invandrare. *Vår Näring*, 2/91, pp. 3-6.

Kristal-Andersson, B. (1985) Mot förståelse av invandrarens och flyktingens inre värld. In: Öberg, K. (1985) *Att leva med mångfalden. En antologi från diskrimineringsutredningen.* Stockholm: Liber, pp. 157-196.

Kron, T. (1967) *Communication in nursing.* London: W.B. Saunders Company.

Kulturrådet, Stockholm: 1980:4: *Vård och kultur. Riktlinjer och förstudie till en utredning*
1983:5: *Kultur i vården. En exempelsamling*
1983:6: *Kvltur i Vården. Idéer och synpunkter*
1983:7: *Kultur i vården. Utgångspunkter organisation och resurser.*

Kurian G. T. (ed) (1988) *World education encyclopedia. Vol. 1.* Oxford: Facts on File.

Kvale, S. (1989) *Issues of validity in qualitative research.* Lund: Studentlitteratur.

Lalonde M. (1974) *A new perspective on health of Canadians - a working document.* Ministery of National Health and Welfare, Canada. April, 1974. Translated into Swedish by Flodhammar, B. SOS 1981: Ny syn på Hälsa.

Lam, Z. (1983) *Intercultural counselling.* Workshop at International Conference in Intercultural Communication. Department of Education, Lund University.

Lanara, V. A. (1984) *Values in nursing research - A Philosophical commentary.* In: Proceedings of the 2nd open conference: Nursing Research - does it make a difference? London, 10th-13th April, 1984. London: RCN.

Landstingsförbundet (undated) *Från sjukvårdspolitik till hälsopolitik.* Stockholm: Landstingsförbundet.

Landy, D. (1977) Culture, disease, and healing. *Studies in medical anthroplogy.* New York:Macmillan Publishing Co., Inc.

Lao, T. (1989) *Tao Te Ching.* English translation by Feng, F. & English, J. with an introduction by Needleman, New York: J. Vintage Books.

Larsson, B. (1978) *Gotlandshuset: en berättelse av Berit Larsson berättad för Hanna Olsson.* Illustrationer av Sjöstrand, Å. Stockholm: Socialstyrelsen, Nämnd för Hälsoupplysning. Videon: Örebro Mariedanfilm.

Larsson, S. (1980) *Studier i lärares omvärldsuppfattning: deltagarnas erfarenheter som en resurs i vuxenutbildning.* Pedagogiska Institutionen, nr. 1980:06. Göteborg: Göteborgs Universitet.

Larsson, S. (1993) Om kvalitet i kvalitativa studier. *Nordisk Pedagogik*, 4/1993, pp 194-210

Lawless, C. A. (1975) Helping patient with endotracheal and tracheostomy tubes communicate. *American Journal of Nursing*, No. 12, 2151-2153.

Lea, A. (1994) Nursing in today's multicultural society: a transcultural perspective. *Journal of Advanced Nursing*, 20, 307-313.

Leininger, M. (1977) *Caring: the essence and central focus of nursing.* American Foundation, Nursing Research Report, 12(1):2, 14.

Leininger, M. (1978) *Transcultural nursing: concepts, theories and practices.* New York: John Wiley and Sons.

Leininger, M. (1979) Preface. In: Watson, J (1979) *Nursing: the philosophy and science of caring.* Boston: Little Brown & Co.

Leininger, M. (1981) *Caring: an essential human need.* New Jersey: Charles B Slack Inc. Thorofare.

Leininger, M. (1984) *Care: the essence of nursing.* New Jersey: Charles B. Slack Inc.

Leininger, M. (Ed.) (1985) *Qualitative research methods in nursing.* Orlando: Grune & Straton, Inc.

Leininger, M. (1988) *Care: The essence of nursing and health.* Michigan: Wayne University Press.

Leininger, M. (1997) Future directions in transcultural nursing in the 21st Century. *International Nursing Review*, 44, 1, pp 19-23.

Lennéer-Axelson, B. & Thylefors, I. (1981) *Arbetsgruppens psykologi.* Lund: Natur och Kultur.

Lindberg, E. (1989) *Ett brett grepp på hälsa. Hälsa för alla i Sverige år 2000.* SOS-rapport 1989:8, Stockholm

Longman's Dictionary of Contemporary English (1987) New edition. Avon: The Bath Press.

Lundberg, P. (1991) *Utbildning och träning för interkulturell kommunikativ kompetens.* Lund: Studentlitteratur.

Lundberg, P. & Eriksson, M. (1983) *Tvärkulturell kommunikation och erfarenheter av betydelse för interkulturella samtal.* Pedagogiska rapporter nr 30. Lund: Pedagogiska institutionen, Lunds Universitet.

Lundgren, U. P. (1972) *Frame factors and the teaching process. A contribution to curriculum theory and theory on teaching.* Stockholm: Almqvist & Wiksell.

Lundgren, U.P. (1977) *Model analysis of pedagogical process.* Lund: CWK Gleerups, Liber

Lundgren, U.P. (1979) *Att organisera omvärlden.* Stockholm: Liber.

Lundgren, U.P. (1980) *The development of school curricula as a context for work.* Stockholm: Department of Educational Research, Stockholm University.

Lundgren U. P. (1981) *Vad ska man ha pedagogisk utvärdering till? Värdera högskolan. Sju inlägg om verksamhetsvärdering.* UHÄ-rapport 1981:17. Stockholm: UHÄ.

Luther-King, M. (1964) *Vägen heter icke våld.* Stockholm: Gumersons bokförlag.

Luzanov G. (1978) *Suggestology and outlines of suggestopedia.* London: Gordon & Breach.

Lynam, J. (1985) Support networks developed by immigrant women. *Social Science Medicin,* vol.21, No.3, pp 327-333.

Lynam, J. (1986) Adolescent communication: understanding its dynamics and fostering its development. *Nursing Papers,* Spring/Printemps, vol.18, no.1, pp 67-77.

Löfberg, A. (1989) Learning and educational intervention from a constructivistic point of view: the case of workplace learning. In: Leyman, & Kotablush, (Eds.) (1989): *Socialization and learning at work.* Hants: Gower.

Lövgren K. & Runfors, A. (1993) *Exotiskt eller oetiskt? Vårdpersonal talar om sitt arbete med invandrarpatienter.* Tumba: Invandrarinstitutet.

Löwdin, I. (1974) *The internationalization of Swedish education.* Stockholm: The Swedish National Board of Education.

Madsén, T. (Ed.) (1994) *Lärares lärande.* Lund: Studentlitteratur.

Malinowski, B. (1967) *A diary in the strict sense of the term.* London: Routledge & Keagan.

Makkreel, R. A. (1990) *Imagination and interpretation in Kant. The hermeneutical import of the Critique of Judgement.* Chicago: The University of Chicago Press.

Marklund, S. (1980-1989) *Skolsverige 1950-1975.*
1980 *Del 1 1950års reformbeslut.* Uddevalla: Liber.
1981 *Del 2 Försöksverksamheten.* Stockholm: Liber.
1983 *Del 3. Från Visbykompromissen till SIA.* Stockholm: Liber.
1985 *Del 4 Differentieringsfrågan.* Stockholm: Liber.
1987 *Del 5 Läroplaner.* Stockholm: Liber
1989 *Del 6. Rullande Reform.* Stockholm: Liber.

Marriner, A. (1986) *Nursing theorists and their work.* St.Louis: The C.V.Mosby Co.

Marton, F; Dahlgren, L-O; Svensson, L; Säljö, R. (1977) *Inlärning och omvärldsuppfattning.* Stockholm: Almqvist & Wiksell.

Marton, F; Hounsell, D; Entwistle, N. (Ed.) (1984) *The Experience of learning.* Edinburgh: Scottish Academic Press.

Marton, F. (1995) Cognosco ergo sum - Reflections on reflections. *Nordisk Pedagogik* vol.15, Nr. 3, 1995. p.165-180

Maslow, A. H. (1954) *Motivation and personality.* New York: Harper and Brothers.

Maslow, A. H. (1973) *The farther reaches of human nature.* New York:The Viking Press.

Mayer, R. E. (1991) *Thinking, problem solving, cognition.* New York:W.H. Freeman and Company. 2nd ed.

Mayor, F. (1989) Closing address. In: *Final report of international congress on peace in the minds of men,* at Yamoussoukro, Cote d'Ivoire. Paris: UNESCO. pp.99-103.

Mayor, F. (1993) Culture and new-found freedoms. *The UNESCO Courier.* January issue.

McEown, T. (1989) *The role of medicine.* Oxford: Basil Blackwell Ltd.

McGeee, P. (1994) Culturally sensitive and culturally comprehensive care. *British Journal of Nursing,* vol.3, No.15. pp 789-792.

Meighan, R. (1992) *A Sociology of Educating.* London: Cassell Education Ltd. 2nd edition.

Meleis, A. I. (1985) *Theoretical nursing: development and progress.* Philadelphia: J.B. Lippincott Co.

Melia, K.M. (1982) Tell it as it is - qualitative methodology and research: understanding the student nurses world. *Journal of Advanced Nursing,* 7, 327-335.

Merleau-Ponty, M. (1970) *Phenomenology of Perception.* London: Ruthledge & Keagan.

Meynert, M. J. (1991) *Problems in sociological phenomenology - a search for didactical tools of social enquiry.* Pedagogical Bulletin, 1991:13. Lund: Department of Education, Lund University.

Miles, M. B & Huberman, A. M. (1984) *Qualitative data analysis. A sourcebook of new methods.* Beverly Hills: Sage Publications.

Miles, M. B. & Huberman, A. M. (1994) *Qualitative data analysis. A sourcebook of new methods.* Beverly Hills: Sage Publications. 2nd edition.

Ministry of Education and Science (1992) *Quality through freedom. A summary of the Government Bill.* Stockholm: Utbildningsdepartementet.

Ministry of Education and Science (1993) *The Swedish Way Towards A Learning Society.* A Review. Stockholm: Utbildningsdepartementet.

Morgan, C. & Murgatroyd, S. (1994) *Total quality management in the public sector. An internatioanl perspective.* Open University Press, UK.

Morrison, T. (1994) In an interview after receiving the Nobel Prize in literature. Swedish Television, Jan. 2, Stockholm.

Murphy, K. & Macleod, J. (1993) Nurses´ experiences of caring for ethnic-minority clients. *Journal of Advanced Nursing,* 18, 442-450.

Myhrman. G. (1961) *Människan och samhället.* Stockholm: Bonniers.

Navaro V. (1981) *Medicin och kapitalism.* Verdandi debatt nr.87. Övers. Ljungman, C. G. Kristianstad: Prisma.

Neckmar, K. (1982) *Internationalisering inom högskolan med inriktning på sjuksköterskeutbildningen.* Malmö: Pedagogiska Institionen, Malmö, Lunds Universitet.

Neckmar, K. & Rooke, L. (1981) *Utbildningsmålens karaktär och funktion i ny vårdutbildning.* Malmö: Yrkespedagogiska institutionen, Lärarhögskolan, Malmö, Lunds Universitet.

Neil, R. (1994) *The changing global environment.* Blackwell Publishers, USA.

Neggussie, B. (1988) *Traditional wisdom and modern development. A case study of traditional peri-natal knowledge among elderly women in Southern Shewa, Ethiopia.* Stockholm: Institute of International Education, University of Stockholm.

Nelson, C.H. (1990) Some thoughts on the dynamics of cultural transformation. In: Runblom, H. & Blanck, D. (Eds.) (1990) *Scandinavia overseas. Patterns of cultural transformation in North America and Australia.* Uppsala: Centre for multiethnic research, Uppsala University, pp. 111-116.

Nightingale, F. (1969) *Notes on nursing. What it is, and what it is not.* New York: Dover Publications, Inc.

Norberg, A. (1983) *Nurses role in the care of the elderly.* In: UHÄ-rapport 1985: Omvårdnadsforskning. Dokumentation från ett Svenskt-brittiskt seminarium i Edinburgh, 1983. Stockholm: UHÄ.

Nordenfelt, L. (1993) Om hälsa och värde: några reflextioner från ett filosofiskt perspektiv. In: Philipsson, I. S. M. & Uddenberg, N. (Red.) *Hälsa som livsmening.* Stockholm: Natur och Kultur.

Nordisk Kulturkonferens (1992) *Det mångkulturella samhället - utmaning och möjligheter.* 9-11 mars, 1992, Växjö, Landstinget Kronoberg.

Olsson, L. (1986) *Kulturkunskap i förändring. Kultursynen i Svenska geografiläroböcker 1870-1985.* Lund: Liber.

Onander, H. (1995) *Mäta kvalitet. Om kvantitativ och kvalitativ bedömning av utbildningskvalitet-ståndpunkter, erfarenheter, synpunkter.* Pedagogiskt utvecklingsarbete vid Lunds Universitet, nr 95:193. Lund: Lunds Universitet.

O'Neil, P. (1985) *Hälsa för alla.* Lund: Liber.

Opper, S. (1979) *The internationalization of Swedish Higher Education: case studies at the University of Uppsala and the University of Umeå.* Virginia: Department of Education, University of Virginia, U.S.A. Ph.D-thesis, unpublished.

Opper, S. (1980) *Internationalisera högskolan! En rapport från överläggningar 27-28 februari 1980. Om åtgärder för att främja högskolans internationalisering.* Stockholm: UHÄ.

Opper, S. (1981) *Gränslös högskola.* Vällingby: Liber Utbildningsförlaget.

Orem, D. (1979) *Concept formalization in nursing: process and product.* Boston: Little Brown.

Orem, D. (1985) *Concepts of Practice* . New York: McGraw-Hill. 3rd edition.

Ornstein , A. C. & Levine, D. U. (1987) *Foundations of education.* USA: Houghton Miffin Co.

Osborne, R. J. (1988) *The aesthetic response: an application of personal construct theory to the perception and appraisal of visual art.* Volumes 1 & 2. Ph.D thesis, University of Exeter. (unpublished).

Paige, M. R. (Ed.)(1986) *Cross-cultural orientation. New conceptualizations and applications.* University Press of America.

Palme, O. (1966) *Vi och våra utlänningar.* Anförande på juldagen i P1 radio. Stockholm: Ernst Nilsson AB.

Palme, O. (1968) *USA- kriget i Vietnam.* Tal 21 feb.1968. In:Utblick nr.8. Stockholm: Sveriges Socialdemokratiska ungdomsförbund.

Palme, O. (1970) *Policies for the 1970s.* Stockholm: Swedish Social Democratic Party.

Palme, O. (1977) *Med egna ord. Samtal med S. Richard och N. Åkerman.* Uppsala: Brombergs Bokförlag.

Palme, O. (1984) *Foreign Policy and National Security.* A Speech at the Social Democratic Party Congress. Stockholm: Ministry of Foreign Affairs.

Papadopoulo, A. (1980) *Islam and muslim art.* Translated from French by Wolf, R.E. London: Thames & Hudson Ltd.

Papadopoulos, I. & Alleyne, J. (1995) The need for nursing and midwifery programmes of education to address the health care needs of minority ethnic groups. *Nurse Education Today,* 15, 140-144.

Pattanayak, D.P. (1992) *Research in intercultural communication.* A seminar at the Department of Education, Lund University.

Patel, R. & Davidson, B. (1991) *Forskningsmetodikens grunder. Att planera, genomföra och rapportera en undersökning.* Lund: Studentlitteratur.

Paterson, J.G. & Zderad, L.T. (1988) *Humanistic nursing.* New York: National League of Nursing.

Patton, M. Q. (1980) *Qualitative evaluation methods.* London: Sage Publications Ltd.

Paulsson, Å. (1991) *Utvärdering av projectet: "Musik i åldringsvård".* Forskningsrapport nr 1. Falun: Vårdhögskolan, Landstinget Dalarna.

Pearce, E. (1956) *A general textbook of nursing. A comprehensive guide.* London: Faber & Faber Ltd. 4th ed.

Pedersen, P; Draguns, J; Lonner, W; and Trimble, J. (1976) *Counselling across cultures.* Hawai: The University Press of Hawai.

Pedersen, W.& Quint B. (Ed.) (1968) *Legacy of a President. The memorable words of John Fitzerald Kennedy.* Washington: US Information Agency.

Peplau, H. E. (1991) *Interpersonal relations in nursing. A conceptual framework of reference for psychodynamic nursing.* London: RCN. Reprint.

Perry, L. (1984) The arts, judgement and language. *Journal of Aesthetic Education.* 18(1).21-23

Perry, W. (1970) *Forms of intellectual and ethical development in the college years.* New York: Holt, Reinhart and Winston, Inc.

Petrèn, G. (1945) *Tal och föredrag om sjukvård, sjuksköterskor och deras uppgifter förr och nu.* Lund: Gleerups. **Piaget, J. (1952)** *The origins of intelligence in children.* New York: International University Press.

Plato. (1961) *The collected dialogues of Plato including the letters.* Edited by Hamilton, E.& Huntinton, C. New York: Bollingen Foundation.

Plato. (1987) *Om konst och skönhet.* Translated by Lindskog, C. Uppsala: Institutionen för estetik Uppsala Universitet.

Polkinghorne, D. (1983) *Methodology for the human sciences. Systems of inquiry.* Albany: State university of New York Press.

Pontèn, J. (1970) *100 år bland läkare, apotekare och patienter.* Örebro: Lindhska boktryckeriet.

Pontèn, J. (1980) *Gudar, präster och läkekonst.* Södertälje: Axlings tryckeri.

Preston, T. (1973) When words fail. *American Journal of Nursing*,73, No.12, 2064-2066.

Pusch, M. D. (Ed.) (1981) *Multicultural education: A cross-cultural training approach.* Chicago: Intercultural Press.

Pusch, M. (1983) *Multicultural education.* Lecture at International Conference on Crosscultural Communication, Department of Education, University of Lund. May, 1983.

Qvarsell, R. (1982) *Vårdens idèhistoria.* Sweden: Carlssons bokförlag.

Rasmussen, S. E. (1959) *Experiencing architecture.* USA: The MIT Press.

Ray, M. M. (1984) The development of a classification system of institutional caring. In: Leininger, M.(ed): *Care: the Essence of nursing and health.* Michigan: Wayne University Press.

RCN (Royal college of Nursing). (1984) *Nursing research- does it make a difference?* Proceedings of 2nd Open Conference, London, England, 10th-13th April. London: RCN.

Regan P. F. & Schutze, H. G. (1983) *Education for the health professions. Policies for the 1980s.* An OECD/CERI Report. Stockholm: Almqvist & Wicksell.

Repstad P. (1988) *Närhet och distans - kvalitativa metoder i samhallsvetenskap.* Translated by Nilsson, B. Lund: Studentlitteratur.

Richardsson, G. (1968) *Det svenska skolväsendetshistoria.* Lund: Studentlitteratur.

Richardsson, G. (1977) *Svensk utbildningshistoria.* Lund:Studentlitteratur

Richardsson, G. (1978) *Svensk skolpolitik 1940- 1945.* Stockholm: Liber.

Richardsson, G. (1983) *Drömmen om en ny skola. Idéer och realiteter i svensk skolpolitik 1945 - 1950.* Stockholm: Liber.

Ricoeur, P. (1971) The model of the text: meaningful action considered as text. *Social Research*, 38, p 529-62.

Roald, A. S. (1994) *Tarbiya: education and politics in Islamic movements in Jordan and Malaysia. Lund studies in history of religion.* Vol. 3. Lund: Lunds University.

Rodhe, B. (Ed.) (1971) Undervisningens internationalisering. Lägesrapport från en arbetskonferens *Pedagogisk-psykologiska problem.* Nr. 138. Malmö: Lärarhögskolan, Lunds Universitet.

Roger, C. (1969) *Freedom to Learn.* Ohio: Charles E. Merrill Publishing Co.

Rogers, M. E. (1970) *An introduction to theoretical basis of nursing.* Philadelphia: F.A Davis.

Rooke, L. (1990) *Omvårdnad och omvårdnadsteoretiska strukturer. Ett didaktisk försök att på praktisk grund utveckla omvårdnad.* Stockholm: Almqvist & Wiksell International.

Ross, M; Radnor, H; Mitchell, S; & Bierton, C. (1993) *Assessing achievement in arts.* Open University Press, UK.

Rotem, A. & Abbat, F.D. (1982) *Self-assessment for teachers of health workers. How to be a better teacher.* Genéva: World Health Organisation.

Rothermel, B.A. (1996) *Pedagogies of the multicultural: diversity and discourse education in Sweden and the United States.* Unpublished Ph.D. dissertation. Austin: University of Texas.

Rudebeck C. E. (1992) General practice and the dialogue of clinical practice. *Scandinavian Journal of Primary Health Care.* Supplement 1/1992

Rydström, G. (1986) *Adult education development and international aid. Some issues and trends.* Report of an International Seminar, Kungälv, June,1986. Stockholm: International Council for Adult Education.

Rystad, G. (Ed.) (1992) *Encounter with strangers. Refugees and cultural confrontation in Sweden.* CESIC Studies in International Conflict 6. Lund: Studentlitteratur.

S 1974:02 *Medicinalansvarskommittèns utredning.* Stockholm: Socialdepartementet.

S 1974:04 *Hälso -och sjukvårdsutredning.* Stockholm: Socialdepartementet.

S 1974:09 *Vård i livets slutskede.* Stockholm: Socialdepartementet.

S 1977:08 *`Kontinuitet i vård.* Stockholm: Socialdepartementet.

Sachs, L. (1983) *Onda ögat eller bakterier?* Stockholm: Liber.

Samovar, L. A. & Porter, R. E (1976) *Intercultural communication.* California:Wandsworth Publishing Company, Inc. 2nd edition.

Sandin, I. (1988) *Att forskningsanknyta vårdproblem - om mötet mellan kunskapstraditioner.* Akademisk avhandling. Stockholm: Pedagogiska Institutionen, Stockholms Universitet.

Sandin, I. (Red.) (1991) Möte med Africa. Rapport nr 1 i serien - *Fältstudier i andra länder.* Stockholm: Röda Korsets Sjuksköterskeskola.

Sandström, C. (1981) *Inlarning och manniskosyn.* Stockholm: Liber.

Satir, V. (1976) *Making contact.* Millbrae, California: Calestial Arts.

Schratz, M. (1993) Qualitative voices in educational research. *Social Research and Educational Studies Series* 10. London: The Farmer Press.

Schwartz, S. (1970) *Teaching the humanities. Selected Readings.* USA: The Macmillan Co.

Schön, D. (1983) *The reflective practitioner. How professionals think in action.* New York: Basic Books Inc.

Scott, P. (1991) *Higher Education in Sweden - A Look from the Outside.* Utgiven av UHÄ och 1989 års Högskoleutredning. London, Lund, Stockholm: UHÄ.

SFS (Svensk Författningssamling) 1977:218 *Högskolelagen.*

SFS(Svensk Författningssamling) 1980:620 *Socialtjanstlagen.*

SFS (Svensk Författningssamling) 1982:763 *Halso- och sjuvårds Lagen.*

SFS 1990:1465 ändringar i *Halso- och sjuvårds Lagen*

SFS (Svensk Författningssamling) 1992:1434 ändringar i *Högskolelagen*

SFS (Svensk Författningssamling) 1994:267 ändringar i *Högskolelagen.*

SFS (Svensk Författningssamling) 1994:953 *Åliggandelagen för personal inom halso- och sjukvården*

SFS(Svensk Författningssamling) 1996/97:124 ändring i *Socialtjänstlagen.*

Shakespeare W. (1973) Merchant of Venice. In: *The complete works.* Edited by Alexander, P. London & Glasgow: Collins.

Shehan-Campbell, P. (1991) *Lessons from the World. A cross-cultural guide to music teaching and learning.* New York: Maxwell Macmillan International.

Siegel, B. S. (1990a) *Peace, love and healing: body mind communication and the path to self-healing: an exploration.* New York: Harper and Row.

Siegel, B. S. (1990b) *Love, medicine & miracles.* UK: Courier International Ltd.

Silverstein, S. (1974) *Where the side walk ends.* New York: Harper & Row.

Singer, P. (1982) *Practical Ethics.* New York: Cambridge University Press.

SIV (Statens Invandrarverk) (1983) *Invandrarkunskap i högskolan. Sammanfattningar av diskussionerna vid SIV's högskolekonferenser, 1979-1982.* Norrköping: SIV.

Sjöbeck, B. (1994) *Aspects of quality and equality in dementia care.* Lund: Department of Community Health Sciences, Lund University.

Sjödahl, L. (1974) *Att vårda människor.* Stockholm: Natur och Kultur.

Sjölenius, B. (1989) *Halso-och sjukvårdsratt. Del I & II.* Lund: Studentlitteratur.

Skinner, B. F. (1971) *Beyond Freedom and Dignity.* New York: Knopf.

Smith, A. P. & Jones, D. M. (1992) *Handbook of human performance.* Vol.3. London: State and Trait Academic Press Ltd.

Snow, C. P. (1961) *The two cultures and the scientific revolution.* The Rede Lecture (1959) at Cambridge University. Cambridge: University Press.

Socialstyrelsen (SOS) (1981) *Ny syn på Halsan- ett arbetsmaterial.* Stockholm: Socialstyrelsen.

Socialstyrelsen (SOS) (1985:4) *Halsovård for flyktingar och asylsokande.* Stockholm: Socialstyrelsen.

Socialstyrelsen (SOS) (1994:9) *Folkhalsorapport 1994.* Stockholm: Fritze.

SOSFS 1990:15 *Socialstyrelsens allmanna råd i omvårdnad inom sluten somatisk vård och primarvård. For personal inom halso-och sjukvård.* Stockholm: Socialstyrelsen.

SOSFS 1993:9 *Socialstyrelsens allmanna råd i kvalitetssakring i halso-och sjukvård inklusive tandvård.* Stockholm: Socialstyrelsen.

SOSFS 1993:17 *Socialstyrelsens allmanna råd om omvårdnad inom halso-och sjukvård. For personal inom halso-och sjukvård.* Stockholm: Socialstyrelsen.

SOSFS 1995:5 *Kompetensbeskrivningar for sjukskoterskor och barnmorskor.* Stockholm: Socialstyrelsen.

SOSFS 1995:15 *Socialstyrelsens allmana råd i kompetenskrav for tjanstgoring som sjukskoterska och barnmorska.* Stockholm: Socialstyrelsen.

SOU 1948:17 *Betankande angående utbildning av sjukskoterskor och annan vård personal.* Stockholm: Inrikesdepartmentet.

SOU 1976:1 *Sjukvård infor 80-talet.* Stockholm: Socialdepartementet.

SOU 1978:50 *Ny Vårdutbildning. Vård 77.* Stockholm: Utbildningsdepartementet, Liber.

SOU 1979:26 *Sjukvårdens inre organisation - en idépromemoria.* Stockholm: Socialdepartementet.

SOU 1980:38 *Utbildning för uppdrag i u-land: betankande av U-landsutbildningsutredningen.* Stockholm: Liber.

SOU 1983:57 *Olika ursprung - gemenskap i Sverige: Utbildning for språklig och kulturell mångfald.* Huvudbetänkande av språk- och kulturarvsutredningen. Stockholm: Allmänna förlaget.

SOU 1984:45 *Invandrarna i halso-och sjukvården: underlagsstudie.* Stockholm:Socialdepartementet.

SOU 1984:46 *Primärvårdens uppgifter i förebyggande arbete.* Stockholm: Socialdepartementet.

SOU 1995:110 *Viljan att veta och viljan att förstå.* Stockholm: Utbildningsdepartementet.

Spector, R. E. (1985) *Cultural diversity in health and illness.* Norwalk: Appleton-Century-Crofts. 2nd edition.

Spindler, G. (1982) *Doing the ethnography of schooling: educational anthropology in action.* New York: Holt.

Spindler, G. & Spindler, L. (1987) *Interpretive ethnography of education: At home and abroad.* London: Lawrence Erlbaum Associates, Publishers.

Spradley, J. P. (1980) *Participant observation.* Orlando: Harcourt Brace Jovanovich College Publishers.

SPRI (Swedish Planning and Rationalisation Institute of the Health and Social Services). (1987:230) *Kvalitetssäkring - att mäta vården och utveckla sjukvårdens kvalitet.* Stockholm: SPRI.

SPRI (1989: 272) *Rondsystem, gruppvård, parvård.* Stockholm: SPRI.

SPRI (1989:283) *Pussla ihop arbetstider.* Stockholm: SPRI.

SPRI Tryck 200 (1990) *Vård på patientens villkor. Individuellt planerad vård.* Stockholm: SPRI.

SSF (Svensksjulsköterske förening) (1990) *SSF informerar: riktlinjer för sjuksköterskor.* Stockholm: SSF.

Stainton, M.C. (1981) *Parent-infant interaction: putting theory into nursing practice* Calgary: Faculty of Nursing, University of Calgary.

Starrin, B; Larsson, G; Dahlgren, L; Styrborn, S. (1991) *Från upptäckt till presentation. Om kvalitativ metod och teorigenerering på empirisk grund.* Lund: Studentlitteratur.

Starrin, B.O. & Svensson P.G. (1994) *Kvalitativ metod och vetenskapsteori.* Lund: Studentlitteratur.

Steinberg, J.M. (1976) *Emotional growth in the classroom. Implementing affective education through the process of confluency.* Stockholm: Almqvist & Wiksell International.

Steinberg, J.M. (1983) *Effektiv inlärning.* Stockholm: Liber.

Stockfelt, T. (1977) *Leva lära leva.* Malmö: Liber läromedel

Strandmark-Kjölsrud, M. (1994) *Vård i verkligheten.* Lund: Department of Surgery, Lund University. Bulletin NO.101.

Strandh, A. (Ed.) (1991) *Arts in hospital. International Conference Documentation.* Linköping, 6-7 May. Stockholm: Landstings Förbundet.

Strauss, M. B. (Ed.) (1968) *Familiar medical quotations. Folk sayings (dating from the 15th century or earlier).* Boston: Little Brown & Co.

Strauss, A. & Corbin, J. (1990) *Basics of qualitative research. Grounded theory procedures and techniques.* London: Sage Publications.

Stringer, E. T. (1996) *Action research. A handbook for practitioners.* Thousand Oaks: Sage Publications.

Sundquist, J. (1994) *Migration and health.* Epidemiological Studies In Swedish Primary Health Care. Lund: Department of Community Health Sciences, Lund University.

Svedberg, L. & Zaar, M. (1993) *Boken om pedagogerna.* Stockholm: Liber Utbildning

SÖ 1962:58 *Möte med främmande folk. Exempel och förslag vid undervisning om internationell förståelse.* Stockholm: Kungl. Skolöverstyrelsen.

SÖ/UHÄ (1981) *Utbildningsplan för hälso-och sjukvårdslinjen, 1981-05-12.* Stockholm: Utbildningsdepartementet.

Taylor M.L. (1991) *Internationalisering och Rödakorskunskap. Ett Idématerial.* Stockholm: Röda Korsets Sjuksköterskeskola.

Taylor, R. & Watson, J. (1989) *They shall not hurt. Human suffering and human caring.* Colorado: Colorado Associated University Press.

Taylor, S. J, & Bogdan, R. (1984) *Introduction to qualitative research methods- the search for meanings.* New York: John Wiley and Sons, USA

Tesch, R. (1990) *Qualitative research: analysis types and software tools.* London: The Falmer Press.

Teichler, U. (1996)) Comparative higher education: potentials and limits. *Higher Education*, nr.32. p. 431-465

Thomas, L. (1983) *The youngest science - notes of a medicine-watcher.* New York: The Viking Press.

Thomas, J. (1993) *Doing clinical ethnography.* London: Sage Publications.

Thorell-Ekstrand, I. (1994) *Clinical nursing education: the learning of individualized care-plan.* Pedagogiska Institutionen, Stockholms Universitet.

Tones, K. Tilford, S. & Robinson, Y. (1990) *Health education. Effectiveness and efficiency.* London: Chapman & Hall.

Tones, K. & Tilford, S. (1994) *Health education. Effectiveness, efficiency and equity.* St. Ives: Clays Ltd. 2nd ed

Torwald, N. & Dahlgren L-O. (1993) *Studenters syn på kunskapsmätning.* Pedagogiskt utvecklingsarbete nr 15. Linköping: Uppsala och Linköping Universitet.

Törnqvist, T. (1988) *Utbildningar för förebyggande arbete, friskvård och hälsoupplysning.* PM 1988:16. Stockholm: Socialstyrelsen.

Törnvall, M. L. (1982) *Läraren och internationaliseringen. En undersökning av mellanstadielärares attityder till internationella frågor i läroplanen för grundskolan (Lgr 69).* Linköping: Department of Education, Linköping University.

U 68 *1968 års utbildningsutredning. Högskolan: betänkande. U68. SOU 1973:2.* Stockholm: Utbildningsdepartementet.

UHÄ (1982) *Inbjudan till överläggning om fortsatt planering av internationalisering av högskoleutbildning m m.* Stockholm: UHÄ, Olausson, 1982-01-08. Stencil.

UHÄ (1982:20) *Internationalisering av högskolans utbildning: en konferensrapport.* Olausson, C. (Red.), UHÄ i samarbetet med universitetet i Linköping. Stockholm: Liber

UHÄ (1982:44) *UHÄs handlingsprogram för internationalisering av högskoleutbildningen: riktlinjer och åtgärder.* Stockholm: UHÄ.

UHÄ (1984:13) *Vårdutbildningarna och internationaliseringen - invandrarfrågornas roll i utbildningen. Rapport från en konferens i Hemmeslöv, Båstad 19-20 april 1983.* Stockholm: UHÄ.

UKÄ (1974:21) *Utbildningens internationalisering. Slutbetänkande från UKÄs internationaliseringsutredning.* Stockholm: Liber.

UNESCO (1976) *Recommendation on the development of adult education. Recommendation adopted at General Conference, Nairobi, Kenya, Oct-Nov. 1976.* Paris:UNESCO.

UNESCO (1979) *Declaration on race and racial prejudice adapted by UNESCO in Paris, 27th Nov.* Paris: UNESCO.

UNESCO (1980) *Environmental education in the light of the Tiblisi Conference, 14-26 Oct, 1977.* Paris: UNESCO.

UNESCO (1990) *World declaration on education for all, Jomtien, 5-9 March, Jomtien, Thailand.* Paris: UNESCO.

UNICEF (1992) *Education for development in practice. Report of the Oxford workshop, 5-8 July.* New York: UNICEF.

UNICEF (1993) *Education and change in Central and Eastern Europe. Report of the education for development seminar, Sofia, Bulgaria.* New York: UNICEF.

United Nations (1947) *Year book of the United Nations, 1946-47.* New York: Department of Public Information, United Nations, Lake Success.

United Nations (1949) *Year book of the United Nations, 1947-48.* New York: Department of Public Information, United Nations, Lake Success.

United Nations (1975) *International Bill of Human Rights.* New York: UN.

United Nations (1981) *Human Rights. International instruments.* New York: UN.

Van der Wende, M.(1997) Missing links in national policies for the internationalisation of Higher Education in Europe. In: *Högskoleverket Studies 1997:8 S.* Stockholm: National Agency for Higher Education.

Vetlesen, A. J. (Red.) (1996) *Naerhetsetikk.* Oslo: Ad Notam Gyldendal.

von Wright, G.H. (1979) *Humanism som livshållning och andra essayer.* Stockholm: Raben & Sjögren.

Wallerstein, I. (1987) World systems´ analysis. In: Giddens & Turner: *Social Theory Today.* Polty Press, UK.

Warren, J. (1978): *Measurement of academic competence.* San Fransisco: Educational Testing Service, Berkley University,

Watson, J. (1979) *Nursing: The philosophy and science of caring.* Boston: Little Brown & Co.

Watson, J. (1985) *Nursing: Human science and human care. A theory of nursing.* Norwalk: Appleton-Centurtry-Crofts.

Watson, J. & Ray, M. A. (1988) *The ethics of care and the ethics of cure. Synthesis in chronicity.* New York: National League of Nursing.

Weil, P. (1990) *The art of living in peace. Towards a new peace consciousness. Humanistic, cultural and international education.* Paris: UNESCO.

Whyte, W. F. (1991) *Participatory action research.* London: Sage Publications.

Wichman, M. (1981) *Dagbok från en respirator.* Stockholm: Esselte Studium.

Wight A. R. (1983) *Human needs and motivation. Quality of life and creativity.* A seminar during an international conference: Intercultural Communication, May, 1983, Lund, Sweden.

Wikström, B. M. (1994) *Pleasant guided mental walks via pictures of works of art.* Stockholm: National Institute for Psychosocial Factors and Health, Karolinska Institute.

Williams, B. (1992) An Awkward virtue. *The UNESCO Courier*, June,9-13

Wiliams, R. (1976) *Keywords. A vocabulary of culture and society.* New York: Oxford University Press.

Wittrock, M. C. (Ed.) (1973) *Changing education. alternatives from educational research.* New Jersey: Prentice Hall Inc., Englewood Cliffs.

World Health Organization (WHO)(1947) *Constitution of the World Health Organization.* Geneva: WHO.

World Health Organization (1976) *Nursing process work book.* Copenhagen: Regional Office for Europé.

World Health Organization (1978) *Report on the International Conference on Primary Health Care, Alma Ata, 6-7 September.* Genéva: WHO.

World Health Organization (1984a) *Health promotion: a discussion document on the concepts and principles.* Copenhagen: WHO Regional Office for Europe.

World Health Organization/S.C.I.P.H.E. (1984b) Lifestyles: a change in perspectives. *Education for health* 1:10-12.

World Health Organization (1985) *Targets for Health for All.* Copenhagen:WHO Regional Office for Europe.

World Health Organization (1986) *Ottawa Charter for Health promotion. An International Conference on Health Promotion, November, 17-21.* Copenhagen:WHO Regional Office for Europe.

World Health Organization (1992) *Health dimensions of economic reform.* Genéva: WHO.

Yebio, B. (1980a) *Globalt perspektiv i lärarutbildningen.* Särtryck och Småtryck från Pedagogisk-psykologisk Institutionen. Malmö: Lärarhögskolan.

Yebio, B. (1980b) Summing up discussion. In: Engfeldt, M. (Ed.) (1980) *Utveckling, utbildning, utjämning. Rapport från ett seminarium kring 'Development Education' den 28 jan. i Stockholm.* Stockholm:Föreningen för utvecklingsfrågor.

Yebio, B. (1981) Globalt perspektiv i lärarutbildningen. In Opper, S. *Gränslös Högskola*, Stockholm: Liber.

Yebio, B. (1982) *Intercultural education: what? why? how? Educational and psychological interactions.* Malmö: Malmö School of Education, Lund University.

Yebio, B. (1984) *Sverige i världen - världen i Sverige. Är lagom bäst? Om kulturmöten i Sverige.* Norrköping: Statens invandrarverk.

Yebio, B. (1985:137) *Internationalisering av utbildningen. Lägesbeskrivning och handlingsprogram.* Malmö: Lärarhögskolan, Lunds Universitet.

Yebio, B. (1990) *Utbildning i ett globalt perspective.* Address at internationalisation's conference at Malmö. Malmö School of Education, Lund University. 4-6 April.

Yebio, B. (1992) *Internationaliseringsmotivet förr och nu.* Pedagogisk-psykologiska problem, Nr 564, Malmö: Lärarhögskolan, Lunds Universitet.

Yura, H. & Walsh, M. (1983) *Human Needs and The Nursing Process.* New York: Appleton Century Croft.

Zetterström-Lagervall, G; Kulberg;G; Rabo, M; Olsson, Å. (1985) *Systerskap i förändring - en bok utgiven till SSFs 75års jubileum.* Stockholm: SSF.

Zuber, R. (Ed.) (1994) *Journeys in peace education: Critical reflection and personal witness.* Peace Education Report Nr: 14, Department of education and psychological research. Malmö: School of Education, Lund University.

Öberg, K; Bergman, E; Swedin, B. (Red.) (1985) *Att leva med mångfalden. En antologi från diskrimineringsutredningen.* Stockholm: Liber.

Öberg, J. (1994) Conflict-mitigation: philosophy and methodology. In: Bjerstedt Åke (Ed.) (1994): *Education beyond fatalism and fate. Educational information and debate:103.* Malmö: School of Education. Lunds University. pp.90-101

Östergren, B. (1974) Internationalised education necessary to human survival. *Current Sweden* No 38, Sept. 1974. Stockholm: Swedish Institute.

RESEARCH BULLETIN

Research Bulletin, Department of Education, University of Helsinki

x N:o 52 (1980) Kai Karma: The Ability to Structure Acoustic Material as a Measure of Musical Aptitude. 5. Summary and Conclusions. 33 pp.

x N:o 53 (1980) Johannes Paasonen: The Electronic Hand Calculator in Finnish Comprehensive School Mathematics Teaching. 50 pp.

x N:o 54 (1980) Anna-Liisa Leino: Learning Process in Terms of Styles and Strategies: Theoretical Background and Pilot Study. 40 pp.

x N:o 55 (1981) Inkeri Sava: Emotion and Cognition in Visual Art Education. 46 pp.

x N:o 56 (1981) Erkki Komulainen and Pertti Kansanen: Classroom Analysis: Concepts, Findings, Applications. DPA Helsinki Investigations III. 52 pp.

x N:o 57 (1981) Jarkko Leino: Psychometric Test Theory and Cognitive Processes: A Theoretical Scrutiny and Empirical Research. 74 pp.

x N:o 58 (1982) Kaj Malm: On the Dynamics of Undergraduate Performance and Dropout. 14 pp.

x N:o 59 (1982) Anna-Liisa Leino: Learning Process in Terms of Styles and Strategies: Case Studies. 51 pp.

N:o 60 (1982) Erkki A. Niskanen & al.: Research Project on Educational Aims. 105 pp.

N:o 61 (1983) Anna-Liisa Leino & Arja Puurula: Admission to Teacher Education and Two Cognitive Styles. 54 pp.

N:o 62 (1984) Karl Bruhn: The Helsinki Test. The Inkblots and Using the Test. 49 pp.

N:o 63 (1984) Lyyli Ronkonen: Realization of Didactic Principles in Foreign Language Teaching in Soviet Schools. 30 pp.

N:o 64 (1986) Vello Sermat: An Exploration of the Interpersonal Relationships, Health-Related Behavior and Mental Health of Finnish University Students. 29 pp.

N:o 65 (1987) Hannele Niemi: The Meaning of Life among Secondary School Pupils. A Theoretical Framework and Some Initial Results. 81 pp.

N:o 66 (1987) Vesa A. Niskanen: Some Principal Results of the Studies Carried out in the Research Project on Instructional Material. 27 pp.

N:o 67 (1988) Kaarina Yli-Renko: Assessing Foreign Language Training Needs of Adults. A case study from Finland. 90 pp.

N:o 68 (1988) Anneli Sarvimaki: Knowledge in Interactive Practice Disciplines. An analysis of knowledge in education and health care. 276 pp.

x N:o 69 (1988) Kaarina Yli-Renko: Intercultural Communications as an Aim of English Language Teaching. 45 pp.

N:o 70 (1989) Seppo Kontiainen: Integrating Information in Conceptual Models. Use of an information structure in building conceptual models for behavioural studies. 59 pp.

N:o 71 (1989) Jarkko Leino: Theoretical Bacground and Development of Instructional Materials. 25 pp.

x N:o 72 (1989) Anna-Liisa Leino, Jarkko Leino and Juha P. Lindstedt: A Study of Learning Styles. 68 pp.

N:o 73 (1990) Irene Kristiansen: Nonverbal Intelligence and Foreign Language Learning. 164 pp.

N:o 74 (1990) Tapio Puolimatka: Pluralism and Education in Values. 31 pp.

N:o 75 (1990) Erkki A. Niskanen: Personality as an Educational Phenomenon. 44 pp.

N:o 76 (1990) Vesa A. Niskanen: Describing Personality Utilizing the Theory of Fuzzy Systems. 16 pp.

N:o 77 (1991) Raimo Laasonen: Modeling System Operators Affecting the Information Organizer of an Individual. 104 pp.

N:o 78 (1991) Seppo Kontiainen: Use of Conceptual Models in Case Studies. Dynamic Concept Analysis. Applications in collaboration with Klaus Helkama, Peter Herriot, John Hobrough, Jyri Manninen, John Roscoe and Malcolm Tight. 237 pp.

N:o 79 (1991) Jarkko Leino: Dynamic Knowledge in School. An Action Research on Instructional Development with the Aid of Microcomputers. 116 pp.

N:o 80 (1991) Raimo Laasonen: Self-Identification of Personality in Social Environment. 20 pp.

N:o 81 (1992) Pertti Yli-Luoma: Predictors of Critical Thinking Abilities. A Rasch-Model Approach. 142 pp.

N:o 82 (1992) Irene Kristiansen: Foreign Language Learning and Nonlearning. 189 pp.

N:o 83 (1992) Yrjo Engestrom: Interactive Expertise: Studies in Distributed Working Intelligence. 105 pp.

N:o 84 (1993) Anna-Liisa Leino-Margareth Drakenberg: Metaphor. An Educational Perspective. 70 pp.

N:o 85 (1993) Elina Lahelma: Policies of Gender and Equal Oppurtunities in Curriculum Development: Discussing the Situation in Finland and Britain. 49 pp.

N:o 86 (1994) Lyyli Ronkonen and Igor Skripjuk: The Problem of Personality in Soviet and Russian Pedagogics. Research Project Personality as an Educational Phenomenon by Professor Erkki A. Niskanen. 44 pp.

N:o 87 (1995) Paula Kyrö: The Management Consulting Industry Described by Using the Concept of "Profession". 304 pp.

N:o 88 (1995) Timo Toiviainen: The Early Contribution of Adult Education to the European Unification Process: The Genesis of the European Bureau of Adult Education and "Meeting Europe" Courses, 1950-1970. 219 pp.

N:o 89 (1995) Satya Mehndiratta Klason: Social Network and Self Conception of Elderly People. 246 pp.

N:o 90 (1996) Editors: Donald Sharpes & Anna-Liisa Leino. The Dynamic Concept of Curriculum. Invited papers to honour the memory of Paul Hellgren.
143 pp.

N:o 91 (1995) Margareth Drakenberg: Compulsory School Development in Sweden. A three-dimensional view. 83 pp.

N:o 92 (1996) Juan Carlos Llorente: Problem Solving and Constitution of Knowledge at Work. 275 pp.

N:o 93 (1996) Pertti V.J. Yli-Luoma Attachment theoretical predictors of preschool behaviour - A meta-analytical study. 85 pp.

N:o 94 (1996) Pertti V.J. Yli-Luoma(Ed.): From Metascience to Educational Policy - Metatieteestä koulutuspolitiikkaan. In Honour of Erkki A. Niskanen. Juhlakirja 272 pp.

N:o 95 (1998) Reima Lehtimäki: Driver Training Type and Performance in the Driving Exam

N:o 96 (1998) Shirin Adatia-Sandström: Internationalisation in Swedish Undergraduate Nursing Education: It's Interpretation and Implementation in the Context of Nursing with Tender Loving Care. 209 pp.

x) Out of print

Department of Education
P.O. Box 39 (Bulevardi 18)
00014 UNIVERSITY OF HELSINKI, FINLAND

ISBN 951-45-8119-9
ISSN 0359-5749

Hakapaino Oy
Helsinki 1998

Desing: Klaus Winqvist